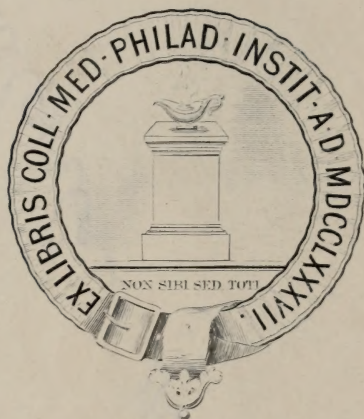


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Presented by
R. J. Dunglison, M.D.

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No. 1.

ORIGINAL ARTICLES.

MALIGNANT GROWTHS OF THE MAMMARY GLAND.

BY DUDLEY P. ALLEN, M. D., CLEVELAND, O.

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THE term *Cancer*, when used in this paper, will be applied to growths which are malignant and tend to recur after removal, whether they be carcinoma, sarcoma, myxoma or other tumor.

The term *Carcinoma* will be applied only to growths strictly so designated histologically. Other tumors will be similarly designated.

The reason for presenting this paper is a somewhat personal one. Being called to see mammary growths almost exclusively in consultation, and never as a family practitioner, the history given me by patients is, with few exceptions, the following: A growth has been observed in the breast for some months, possibly for a year or more. Various physi-

cians have been consulted. The advice received has been that the character of the tumor is uncertain, and that until this declares itself an operation is not indicated. When the character of the growth is apparent it will be time enough to consult a surgeon and consider the question of operation.

I do not say that this advice is given by every physician, but patients with mammary tumors consult, as a rule, several physicians, and I cannot remember a case which has not passed through several hands, regular or irregular, and considered the questions of operation, caustics and letting the growth follow its natural course. One of the cases, whose breast I shall show you to-day, told my assistant at the hospital that she had consulted seven physicians, beside myself, and that all had advised delay in operating, and that it was only on receiving my very positive advice she decided upon an operation. The tumor removed in this case was examined microscopically by my friend, Dr. Himes, professor of pathology in the medical department of Western Reserve University, and was pronounced by him to be a carcinoma. Commencing infiltration of the axillary glands with the cells of carcinoma was also found.

Delay in operating in this case had been advised because the skin of the breast was normal, the nipple was not retracted, and no glands could be felt in the axilla.

There has been a wide-spread opinion that operations for cancer of the breast are of little benefit, since recurrence is certain, and that the temporary relief gained by operation does not compensate for its risks and suffering. So eminent an authority as Sir James Paget, in speaking of operations for cancer, has said: "I am not aware of a single clear instance of recovery—of such recovery, that is, as that the patient should live for more than ten years free from the disease."

A common opinion has been that cancer is not a local affection, and that the removal of the local disease does not relieve the patient of the dyscrasia of cancer. So many cases have now been recorded by eminent operators, of permanent cures following the local removal of cancers, that the fact is

fairly established that early in its history cancer is a local disease. It is when elements of the disease have escaped beyond the region of its first appearance that it becomes general.

The great change which has taken place in surgical opinion, with reference to the results of operations for cancer, is dependent upon a change in the methods of operating. Formerly a small incision was made about the nipple, and but little tissue beyond the limits of a tumor was removed. The method recommended at the present time is to take a large amount of tissue in addition to that immediately surrounding the tumor, and in addition, to enucleate all glands secondarily involved. When the results obtained by this method and that formerly employed are compared, a great difference in the results obtained will be apparent.

The most careful statistics on tumors of the breast thus far compiled are those of Professor S. W. Gross of Philadelphia.

In the American Journal of Medical Sciences for 1888, p. 345, he states that in operations of all sorts for carcinoma 11.83 per cent. have been cured. When we compare these results with operations which certain surgeons have secured by improved methods, we find that there has been an enormous gain. For purposes of comparison we propose to take the tables of surgeons with whose methods we are personally familiar, in order to insure the comparison of cases similarly operated. The tables employed represent a complete record of all cases operated upon. If cases be gathered from all sources many cases would doubtless remain unrecorded and the tables would be of comparatively little value for comparisons.

The tables cited will be those of Küster of Berlin, Kœnig of Göttingen, Gross of Philadelphia and Banks of London.

Being personally acquainted with the methods of the first two surgeons mentioned, we know them to be models of excellence.

The detailed account given by Professor Gross of his methods, and the fact that his percentage of cures is the highest yet recorded, is a sufficient guarantee of his skill and thoroughness. The high percentages of Mr. Banks also place

his methods beyond question. All these gentlemen extirpate the growth, giving it a wide margin, and carefully clear the axilla of all glands.

In the *Centralblatt für Chirurgie* for 1887, p. 776, and the *Deutsche Zeitschrift für Chirurgie*, Vol. XXV., p. 327, can be found a record of 152 cases of operation on the breast for carcinoma by Koenig. Of these, 11 died from sepsis, 6 of the number being due to pneumonia; deaths which, Koenig remarks, can be avoided by more perfect antisepsis. Of the cases of radical operation, 135 could be followed. Of these 135 cases, 53 were free from recurrence for *one year*. *One hundred and two* cases could be followed for *three years*, and of these about 33 per cent. showed no recurrence at the expiration of this time. Of the cases cured there is a very large percentage in favor of those operated upon where the axillary glands had not become involved.

In the *Centralblatt für Chirurgie* for 1883, page 36, *Verhandlung der XII. Deutschen Kongress für Chirurgie*, is a record of 117 cases of cancer of the breast operated by Professor Küster.

He says that of the 117 cases all but 2 were found by macroscopic and microscopic examinations to have secondary cancerous infiltration of the axillary glands.

In the *Deutsche Zeitschrift für Chirurgie*, Vol. XXVI., p. 147, in the last 65 cases recorded by Küster 92 per cent. showed involvement of the axillary glands. Which estimate is correct we do not know. Of the cases operated upon, Küster reports 21.66 per cent. cures lasting over *three years*.

In the *American Journal of Medical Sciences* for 1888, p. 348, Gross uniting his own percentage of cures with those of Banks states them to number 20.86 per cent.

It will thus be seen that the percentage of cures has grown by improved methods from about 11.83 per cent. to about 20 per cent. This is certainly a very remarkable improvement.

It must be remembered too that these improved statistics are the result of a much more extensive operation than has formerly been practiced, and it might be thought that there

would be a corresponding increase in the percentage of deaths. Gross states that after operations of all kinds the percentage of deaths is 14.24 per cent. (*Am. Jour. Med. Sci.*, 1888, p. 345).

Mr. Buntlin (*London Lancet*, Mar. 26, 1887, p. 628) states that statistics gathered by himself show that enucleations of the breast, not including the axilla, show a mortality of 10 per cent. Enucleations including the axilla show a mortality of 20 per cent. Mr. Buntlin's statistics are, however, far more unfavorable than many others. Mr. Chipps, speaking of operations performed in St. Bartholomew's Hospital, London, says that of 19 cases in which the axilla was opened, and 19 cases where it was unopened, there was 1 death by each method.

Kœnig's operations, numbering 152 from 1875 to 1885, show a mortality of 7.2 per cent., a percentage which he says has been improved by more perfect antisepsis. Of Küster's operations 96 showed a mortality of 5.2 per cent. Gross, with 43 cases of his own and 10 of his colleagues in Jefferson College (a total of 53 cases), had a mortality of but 3.7 per cent.

It will thus be seen that, while the modern operation is very extensive, owing to improved methods, the death-rate from the immediate effects of the operation has been decreased to about one-third the former number at the same time that the percentage of cures has been about doubled.

That which distinguishes the modern operation from the old one is its completeness.

The operation is not confined to the part of the breast which contains the tumor, nor to the gland itself; but a large amount of the integument is removed, and the adipose tissue as well, to insure the extirpation of all diseased tissue and any outlying nodules. In addition to this, the glands of the axilla are thoroughly removed. The importance of clearing the axilla is shown by the fact that secondary growths so frequently recur in the axilla. Formerly axillary glands were removed only when they could be felt. There are many cases, however, in which no enlarged glands can be

felt before opening the axilla. Although they cannot be felt, they are usually present.

Of Küster's last 65 cases, he found the axillary glands to be involved in 92 per cent. Gross found the axillary glands to be involved in 87.5 per cent. of his cases. The experience of other surgeons is similar. If these secondary growths are so liable to recur in glands, and these glands are found to be infected in about 90 per cent. of all cases, the wisdom of primary extirpation of the axillary glands would seem to be beyond question. There is, however, considerable difference of opinion regarding extending the operation to the axilla. Mr. Bryant (London Lancet, Mar., 1887, p. 627) says: "It might be fairly questioned whether complete operation gave really better results." "Unless glands can be easily felt, it was wisest, in dealing with aged and feeble patients, not to open the axilla." Mr. Buntlin, in the same discussion with Mr. Bryant, says "he would go so far as to open the axilla in cases in which an indefinite fullness could be felt. He would not open the axilla in other cases."

It is doubtless a fact that in operations for the removal of malignant tumors of the breast, even though enlarged axillary glands have been felt and left untouched, permanent recovery has resulted. The enlargement may be due to the absorption of septic or irritating substances, and not be the result of secondary infiltration. Since careful microscopic examination shows about 90 per cent. of all cases of cancer to be associated with secondary infection of the axillary glands, the removal of the axillary glands, as a routine procedure, would be indicated.

As to methods of operating, while there are such surgeons as Verneuil and Deprès of Paris, who advocate the open method of treating operations upon the breast, Lucas-Championnière of the same city, the whole German school of surgeons, Banks of London, Gross of Philadelphia, and, in fact, the large majority of modern surgeons successful in this operation, advocate strongly what may be termed the anti-septic method.

An interesting and, at the same time, a difficult question

to answer, is what tumors should be removed and what should be let alone.

In some cases disease is so far advanced that removal is useless. There are cases in which the whole pectoral region is involved in the disease; others in which the axilla is so filled with glands, and perhaps the supraclavicular region also, that complete extirpation is impossible; others in which there are evidences of involvement of the viscera; others in which the general condition or age of the patient precludes the possibility of a successful operation.

There are also cases in which the question arises whether the growth may not be benign. The removal of a mamma is, of course, a serious deformity to any woman, and one to which she submits with hesitation, and should not be undertaken carelessly, or without due consideration. The question of inflammatory, cystic, fibrous and non-malignant enlargement from any cause must receive careful consideration. The statistics of Gross (*Tumors of the Mammary Gland*, 1880, p. 9) show out of 649 collected cases, 530 to be carcinoma, 57 to be sarcoma, 48 fibroma, 2 adenoma, 12 cysts. Counting the carcinoma and sarcoma as malignant, it would show that 9 tumors were malignant where 1 is benign. In the same work, p. 229, Gross says that after the age of forty, a hard tumor of the mamma will, in 13 cases to 1, be a carcinoma.

Though every physician has personal knowledge of cases where tumors of the breast have remained for years, and even permanently, without detriment to the patient, it must be remembered that the chances are greatly against this, and further, that at times, tumors which have been latent for years take on a malignant character.

From the preponderance of malignant growths over non-malignant, it has been suggested that it would be safer to remove all growths from the breast than that any should be left unoperated. Such a method of procedure we believe to be too radical, for by it many breasts would be needlessly sacrificed which a careful diagnosis might preserve. This would be true especially in young women. The table of

649 cases showing malignancy, in 9 cases to 1 may be too large a proportion, for it is not at all improbable that benign growths are recorded less frequently than malignant ones, and as a result the proportion of malignant tumors is too great.

It is not proper in the time allotted to this paper, nor would it be possible, to give the points which would absolutely distinguish between all forms of growth, benign, malignant and inflammatory.

As a rule, a tumor is more suspicious after middle life than before; still, malignant growths are not rare earlier in life. Carcinomata have occurred shortly after twenty, and sarcomata earlier. The important consideration is this: It is not wise to advise the delay of a consideration of the question of operation until all the signs of malignant growth have become developed.

In carcinoma, when the nipple has become contracted and the axillary glands infiltrated, the best opportunity for successful operation and definite cure of a patient has been lost. Relatively, the same is true with regard to sarcomata, myxomata, etc.

It is to be deplored that a diagnosis of malignant growth of the breast, the uterus, the tongue, and, in fact, other portions of the body, is so frequently delayed until the best chances for operative interference are passed. In many cases, a positive diagnosis is possible months before it is made, and delay for the further development of the disease, or to try the effect of blood purifying medicines, is most baneful. What we would urge is that a positive diagnosis be reached as early as possible in every case. It is only when this is done that surgery will be able to accomplish the full possibilities of which it is capable, and be relieved of the opprobrium of inflicting suffering without securing corresponding relief.

When we consider how great is the preponderance of malignant tumors of the mamma over non-malignant tumors, the chances are far less of needless operations than of the neglect to operate until too late. The operation is not one

which, when taken early, involves serious risk of life, and though the useless removal of a breast is very unfortunate in a woman who has passed the age of bearing children, the loss is not unendurable. If a tumor were of doubtful character, it would even be better to make an incision and explore and rapidly examine it, than that it should be allowed to grow to a condition where successful operation would be impossible.

It is with the *family physician* that the importance of early diagnosis rests. He is the first one consulted, and unless he sees to it that his patients thoroughly appreciate the peril dependent upon delay in deciding upon the character of a tumor of the breast, he may signally fail of rendering them that service which is his privilege and their due.

The time at which patients may be considered as cured after operation has been assumed as three years. Though there are cases where malignant growths return after a greater length of time, cures which remain after three years may usually be regarded as permanent.

Since the selection of the subject of this paper for discussion, a few weeks since, I have operated upon three cases of carcinoma mammæ and have preserved the portions removed that they might be exhibited here to illustrate certain points. A short history of the cases is as follows :

The first case was of a lady aged 45, in good, general condition. She had noticed a growth about five months before I saw her. This had slowly increased to size of a walnut. I saw the case in August. The external contour of the breast was absolutely perfect ; there was a small hard lump in the breast not to be isolated from it. No glands could be felt in the axilla. Immediate operation was advised but was not submitted to until October 2. At that time one small gland could be felt in the axilla. Complete extirpation of the breast and axillary glands was performed.

Microscopic examination showed both mamma and axillary glands to be carcinomatous. Healing was absolutely by first intention, and without a drop of pus, fever, or complication

of any sort, and the patient went home, a distance of forty miles, on the twelfth day.

The second case was of a patient aged 46. She had noticed a growth for about five months. There had been itching and eczema about the nipple one year previously. When I first saw her there was a small indurated mass in the mamma, which was retracted, and there was a small point of discharge. No enlarged glands could be felt in the axilla. Breast and axilla were operated October 30. Since there was little movable integument, and a large amount of this was removed from about the seat of disease, the flaps were drawn together with much difficulty and held by button sutures. On account of the great tension the stitches were left *in situ* longer than usual, and not to exceed two drachms of pus gathered at the medium extremity of the incision. Aside from this there were no complications and there was complete first intention throughout the entire wound on the eleventh day, save one point *one-half inch* long.

The third case was of a woman aged 58. She says she never noticed anything wrong with her breast until she was struck by a stone, six years since.

After that she had considerable pain, and about *three years* ago she noticed a lump. When I first saw her there was a hard mass *one and one-half inches* in diameter at the inner side of the gland. The case was operated November 1. The breast was widely excised and the axilla was cleared. The firm pressure of the dressings upon the flaps caused three small blisters, which gave rise to slight discharge.

The wound healed by first intention throughout, being firmly united when dressed on the tenth day.

The tumor of the breast was a carcinoma, and the axillary glands were found to be infiltrated on removal.

The object of showing these three cases, which have been operated within a short time, is to demonstrate the correctness of the diagnosis made in two cases before there was any retraction of the nipple, and in all before any glands could be felt in the axilla; also to show the complete manner in which the breast was removed and the axilla

cleared; further, that though the axillary glands could not be felt, they were present in each case, and that primary union has been secured without a single complication in connection with the most extensive operation.

Methods of operating are of great importance. I have seen eminent surgeons undertake to clear the axilla, and do it in a very incomplete and bungling manner. Though there may be other methods of clearing the axilla equally good, that which I have seen practiced by Küster of Berlin, essentially as proposed, I believe, by Volkmann, is certainly most excellent. The plan of removing the breast does not differ essentially from other operations. In case of a malignant growth, an incision is made from near the sternum, enclosing an elliptical portion of integument, and including, as a rule, as much as is consistent with securing a union of the borders of the wound. The outer extremity of these incisions is at the axilla. Should this not give a good, free margin to the tumor, even more tissue is removed. The object is to remove all infected tissue subject to recurrent disease, rather than to secure speedy healing. If, however, primary union be not inconsistent with complete removal of the disease, it is certainly an advantage. After making the incisions through the integument, they are carried down to the pectoralis major muscle, and the fascia covering this, and even portions of the muscle itself, are removed should they be involved in the disease. The dissection should also extend under the lower border of the pectoralis muscle, since the connective tissue and glands in this locality are at times the seat of recurrence. When the pectoral region has been cleared thoroughly, and protected by a towel moistened in a hot antiseptic solution, the axilla is opened by an incision extending from the outer extremity of the pectoral ellipse to the outer extremity of the axilla, at the junction of its upper and middle thirds. The skin is reflected and the incision carried downward to the lower edge of the pectoralis major muscle, on the upper border of the axilla, and to the anterior edge of the latissimus dorsi muscle, on the lower border of the axilla.

The next step is the *key to the whole operation for clearing the axilla with ease and safety*. With a pair of dissecting forceps the fascia at the outer extremity of the axilla is lifted and carefully divided with the scalpel, cutting parallel to the superficial surface of the axillary vein. Proceeding carefully in this manner, step by step, the vein is soon seen through the tissues. Since this covers the artery and nerves, if the vein is kept constantly in sight and not wounded, the dissection may be carried carefully upward, partly by lifting the tissues with the fingers, and partly by use of the scalpel, until the clavicle is reached and the axilla cleared. Care must be taken in making the dissection down the posterior wall of the axilla not to wound the nerve trunks going to the subscapulares and latissimus dorsi muscles. If these nerves are divided, the motion of the muscles which they supply is impaired, preventing the carrying of the arm backward.

By following this method of beginning the dissection of the axilla at its outer extremity, instead of next to the thorax, the operation will be found much easier and safer, and one not accustomed to it will be surprised at the completeness with which the axilla can be cleared of all its contents, excepting the veins, arteries and nerves. This method of exposing the axillary vein does not give rise to phlebitis. All parts of the operation are enormously facilitated by the use of hæmostatic forceps.

Before closing the wound hemorrhage and oozing should be thoroughly stopped. If they are not, a blood clot is liable to collect under the flaps and give rise to suppuration. Absorbent, dry dressings, preferably hygroscopic gauze, should be applied to the wound in abundance, after it has been closed, and a large mass of absorbent cotton placed above it, so that when the binder is applied firm pressure may be exerted on every part of the wound. There are various details in closing wounds and applying dressings which are of importance, but to discuss which would carry us beyond the limits of our time. Suffice it to say we believe that a thorough application of the essential details of antiseptic surgery

is accompanied by a degree of safety, and produces such brilliant results, as can be secured consecutively by no other method.

The completeness and extent of the operation described at once changes it from a simple and superficial operation to one deep and dangerous. To perform the operation in a manner calculated to secure the best results, the operator must be radical and thorough and a master of the technique of heavy operations, and we believe also of the details of antiseptic surgery.

Even after the most complete operations recurrence of malignant growths is common. Should this occur, the recurrent growths should be removed at once, and this be repeated as long as the recurring portions are within the reach of operative interference and there are no evidences of metastasis in the viscera or of depraved general condition precluding operation. Operations have been repeated in this manner as high as twenty times and over, resulting ultimately in complete cure.

Though there are many considerations still remaining, bearing upon diagnosis, methods of operating, etc., we have already occupied more space than was our intention.

In conclusion, and as a basis for discussion, we would submit the following propositions:

1. A diagnosis of mammary tumors should be thoroughly established as early in the history of a tumor as possible. To wait until all the signs of malignancy become manifest, is to lose the best chance for operation with hope of permanent cure.

2. Since statistics show that the chances are greatly in favor of tumors being malignant, if a diagnosis is impossible, the probability of the tumor being malignant should be considered, and in certain cases where a conclusion cannot otherwise be reached, an exploratory incision should be made.

3. In malignant tumors, since about 90 per cent. of cases are accompanied by involvement of the glands of the axilla

this should, with rare exceptions, be thoroughly cleared of all fat and glands.

4. The incisions about the breast should include the entire breast and a good border of apparently healthy tissue in addition to the tumor itself.

5. Should recurrent growths appear, they should be removed at once, and as long as their location and the general condition of the patient will permit.

6. The result of operations for malignant tumors will depend primarily and principally upon the family physician. If he will advise in favor of positive diagnosis, and, if necessary, immediate operation, the number of permanent cures will be greatly increased, and an operation which has long been considered by many as of doubtful service, become one of great benefit, relieving great suffering, prolonging indefinitely many lives, and securing results far superior to any which have yet been recorded.

CONGRESS FOR THE STUDY OF TUBERCULOSIS.*

BY D. N. KINSMAN, A. M., M. D., COLUMBUS, O.,

Professor of Practice of Medicine in Columbus Medical College.

This was a remarkable meeting in many respects. Men from all sections of the world met to compare views, and seek measures by which this scourge of nations may be alleviated. That tuberculosis is an infectious disease was assumed to be proved beyond question, and the bacillus of Koch was regarded by all as the cause.

The following questions were proposed for discussion in advance :

I. Dangers which arise from the milk and flesh of tuberculized animals. Prevention.

II. The races of men and animal species and their organs, with reference to their aptitude to tuberculosis.

III. Modes of infection and propagation of the tubercular virus in the economy. Prophylaxis.

IV. Diagnosis of tuberculosis in men and animals.

*Abstracted from *Progres Medical*.

In his inaugural address, Chauveau spoke of the enormous extent of the question. He said the disease depends upon the hatching and reproduction of virulent germs in the body. We hope to be able to combat them, and to this therapeutic conquest we are now marching. He gave an historic résumé of the opinions of Morgagni, the timid reserve of Andral, who believed in infection among the married, the prolonged scepticism of successive years, during which the idea of contamination was replaced by that of physiological misery.

In place of a belief in the contagion of tuberculosis, the contrary opinion extended itself tranquilly as a waveless sea, which never seemed to be disturbed. Suddenly the wind blew like a hurricane upon the beautiful, sleeping water, and stirred its lowest depths. This tempest was caused by a voice which hurled forth this unexpected declaration. Tuberculosis is contagious. It has its virus, and this virus can be as certainly inoculated as that of any disease which has already been demonstrated. Instead of vague assertions and inferences, I bring clear and precise experiments. Hear and judge! Honor to Villemin, the indefatigable promoter of this victorious campaign. The labors of Koch, Toussaint and Pasteur, with many others, were mentioned by the orator. Cornil followed with an address on the contagion of tuberculosis by the mucous membranes. Contact of the bacilli with sound mucous membrane, either by stomach or trachea, will infect. Pure cultures will, when fed to animals, infect while the superficial epithelium remains intact, and on the fifteenth day tubercles will appear. Tuberculosis can be transmitted by the sexual organs with great facility.

M. Nocard discussed the dangers which are due to the milk and flesh of tuberculized animals. Milk is not infectious unless there is tuberculosis of mammary gland. In flesh the bacillus is confined to tuberculous product, and is rarely found in the blood or muscular juice. He concludes tuberculosis is not spread among men by the flesh of tuberculized animals, being in this respect much less radical than Bouley, who, in 1883, taught tuberculosis was a disease *totius substantiæ*.

The consensus of medical opinion is that tuberculosis should be inscribed among infectious diseases, and all tuberculous animals should be seized, slain and the sale of their flesh prohibited. A single such beef will expose in France 1,400 persons to tuberculosis. In feeding animals with tuberculous flesh, one-seventh become infected. A temperature of 70 c. is not sufficient to kill the bacilli. All milk should be heated to 85 c., then again to 75 c., in order to reduce the virulence of the bacilli to such an extent that they can no longer infect when ingested. At Bordeaux 2 per cent. of beeves were found tuberculized. The deaths from tuberculosis among the population of 250,000 are a thousand annually.

At Montauban about 4 per cent. of the cattle are tuberculized. In Paris, out of 260,000 cattle, 11 were seized, but about 700 sick animals were slaughtered and sold. Tuberculosis exists in fowls and hogs.

The old question of the antagonism of tuberculosis and paludism appeared for discussion in three papers, and was left *sub judice*. Redard and Vernueil advocate scraping and scooping instead of resections for tuberculous bone diseases, both formally stating that resections are bad, amputations useless. The bacillus tuberculosis lived 50 days in sterilized Seine water at ordinary temperatures, 70 days when temperature was higher. In non-sterilized Seine water they lost their activity in 8, 10 and 12 days. Is there an antagonism between the germs in the non-sterilized water and tubercle bacilli? Tuberculous tissue remained virulent in running water 10 days, in water constantly changed 90, and in stagnant water 120 days. Inoculations being made, and allowed to progress for from 5 to 7 days, cut out with nearest ganglia before local manifestations could be obtained, caused general tuberculosis. We cannot hope to gain any protection at present from inoculation with Koch's attenuated bacillus.

The different courses of tubercular disease in patients by M. Bolus, is attributed to the association of Koch's bacillus with other germs, as the streptococcus of pus and streptococcus albus and aureus, as well as saprogenous germs. The

tubercular process opens the way to these germs. As a preventive to tubercular development all caseated glands should be excised or cauterized at their center with the hot iron puncture. Scrofulous ulcers should be scraped, and bones attacked with this process scooped and scraped.

In Asia Minor consumption is frequent. In a tribe in Taurus there is one case in every fifty of population, probably due to the consumption of bad meat.

In Santiago consumption furnishes 22 per cent. of deaths among men, 33 among women; 20 per cent. of these cases are caused by contagion. The general conclusion seemed to be that "hereditary transmission" simply meant, the parent organisms being unhealthy, beget organisms which are more vulnerable.

Mode of introduction of tubercular virus into the organism. Prophylaxis.

Cases of accidental introduction of tubercular virus by wounds at autopsies and surgical operations were cited. Jeannel mentions two cases of direct contamination, one through an abscess of the thumb, the other by a bite in the back. A wound of the hand from a spittoon in use by a consumptive, is credited with communicating local tuberculosis. Leloir cites a case of myxomatous lupus of the ear, which seems to have had the following origin:

To an eruption a poultice of fish worms was applied, dug from the ground where months before a colt dead of tuberculosis had been buried. This may have been glanders, tuberculosis being rare in the horse. The germs enter through the digestive organs more frequently than by the respiratory. All experiments have shown that the germs of farcy, glanders, typhus, vaccine, charbon and tubercle can inoculate themselves by the digestive tube without wounds. Three incontestible positions have been reached by this congress:

1. The virulence of the flesh of tuberculized animals.
2. The predisposition of man to tuberculosis, which at the beginning of the century was one-tenth has now attained a proportion of one-fifth.

3. The easy penetration of the germs by the digestive tube.

The transmissibility of tuberculosis by the respiratory organs is admitted when epithelium is sound.

As to treatment, very little of interest was suggested. The principle advocated by M. J. Roussel was antiseptics of air passages by inhalation of antiseptic vapors; sterilization of the blood by arseniate of strychnine; sterilization of digestive organs by camphorated drinks. Under head of prophylaxis nothing new was presented. Its importance was emphasized.

DIAGNOSIS IN MEN AND ANIMALS.

In men diagnosis depends upon history, phthisical habit, etc. The size of the chest at the mammary line should not be less than 74 centimeters, at the axillary 72 to 75 centimeters, at xiphoid 78 centimeters, the distance between the nipples 17 to 19 centimeters; diminished resonance, cracklings on inspiration, altered rhythm in inspiration and expiration, the latter being prolonged. The presence of Koch's bacillus changes presumption to certainty. Nine times out of ten hemorrhages from the lungs depend upon tubercles, and nine times out of ten upon congestion and not ulceration.

The thermometer is useful: evening temperatures 39 or 40 centigrade, and a morning decline of two degrees; paludism and suppurations being excluded, render doubt impossible. Variola prepares the ground for tuberculosis. Out of three hundred reported by Laudouzy only eleven escaped tubercle; hence the necessity of vaccinating without ceasing until variola has vanished. The question of diagnosis of tubercle is far from being in as satisfactory condition in animals as in man.

M. Luton proposed small doses of copper, beginning at one centigram, and Legroux pulverization of creosote for the treatment of tubercles. Iodoform, as well as the constant exposure plain of Folkenstein, found advocates. Turpentine in inhalations seemed to be a prime favorite.

CONCLUSIONS ADOPTED.

I. The functions of boards of health should be enlarged so as to include epizootics, diseases of animals and the consideration of all questions relating to contagious affections among domestic animals, comprising those which until recently have not seemed transmissible to man.

II. The congress accepts with gratitude the inscription of tuberculosis of cattle, among contagious diseases, by the decree which has just been signed by the President of the Republic.

III. There is reason to insist upon the necessity of causing, by all possible means, the application of the general principle of the seizure and destruction of all meats coming from tuberculized animals, whatever may be their source or appearance.

IV. The result of these deliberations is applicable to all countries in the world, because in these countries, as in France, the question of tuberculosis contains the same problems.

V. That it is proper to make public, especially in the country, simple instructions, easy of execution, for the preservation of the people from the dangers which they incur by eating the flesh and milk of animals which may be phthisical, and the measures proper for disinfecting the property and the excreta of tuberculous patients under treatment in their families; in a word, how to destroy the virulent germs.

VI. That it is necessary to submit the dairies engaged in the production of milk for sale to a special inspection, in order to be sure the cows are not suffering from contagious diseases capable of being communicated to man, and this inspection ought to comprehend all establishments of a similar nature.

This is a brief summary of some of the matters treated by the members of this congress.

They have united in declaring tuberculosis contagious. They have accepted Koch's bacillus as the germ, and have emphasized the importance of prophylaxis.

ANTIPYRINE.*

BY DR. N. WEIDENTHAL, CLEVELAND, O.

THE value of a new drug is always apt to be overestimated and exaggerated by therapeutical enthusiasts. As Professor Nothnagel of Vienna has aptly said, no new remedy can be brought before the profession to-day without its being tried for all possible forms of disease. The multiplicity of journal articles, and the fact that many of them are contributed by unreliable observers, only lead to confusion. For this reason I thought it might be worth while, even though I may offer nothing original or new on the subject, to sift the testimony of the most reliable writers and observers and try to ascertain the actual therapeutical value of antipyrine.

For our purpose it is unnecessary to dwell upon the chemical composition of antipyrine, which is exceedingly complex. One quality of the drug, which is of great importance to us, is its extreme solubility, which renders it easy of administration by the mouth or rectum as well as subcutaneously.

The experiments of Robin and others have shown that antipyrine acts directly on the center of heat or heat-regulating mechanism in the medulla. Beyond this we know but little, definitely, regarding the physiological action of the drug.

As its name indicates, antipyrine was introduced to the profession as a means for reducing an abnormally high temperature. That it will do this, and do it effectually and quickly, no longer requires proof. With our present knowledge of the course pursued by many febrile diseases under indifferent treatment, the routine practice of giving an antipyretic in every case in which the temperature rises above normal, must be condemned. At the same time it is a well-established proposition that an excessively high temperature,

* Read before the Cleveland Society of Medical Science.

when frequently recurring or continuing for many days, may in itself threaten the life of the patient. It is in such cases that antipyrine, judiciously used, may accomplish a great deal. In typhoid fever and pneumonia, when accompanied by a high temperature, Professor Eichhorst of Zürich recommends the administration of a single large dose at 11 A. M. Others prefer to give a morning and evening dose. The temporary depression which sometimes follows can be prevented by giving a stimulant shortly before and shortly after the dose of antipyrine. Whether the systematic administration of antipyrine in typhoid fever is advantageous, is still a question. Professor Pribram of Prague calls attention to a fact not generally known: that in some cases, after the temperature has been reduced for a few hours, it rises to a point higher than that reached before the drug was given. This occurs, as a rule, only when antipyrine has been given for a number of days. He explains this phenomenon by saying that the heat-regulating mechanism in the medulla is overstimulated by the antipyrine, and that consequently, as soon as the effect of a particular dose wears off, the temperature rises higher than before. Of course this is only an hypothesis; yet the clinical fact remains and should be borne in mind. Pribram recommends the following method of administering antipyrine for the hectic of phthisis. Half an hour before the usual onset of fever he gives five grains. This is followed by two and one-half grains hourly till the temperature falls below 100.5° . In most cases two doses suffice. On the following day the same doses are given, or if they were found insufficient, the doses are increased by fifty per cent. or one hundred per cent. This treatment is continued for five or six days. Then the dose is gradually diminished till finally only a preventative dose is given half an hour before the usual rise of temperature. If, after a few days, no fever occurs, the medicine is discontinued altogether.

Much has been said against the use of antipyrine in the treatment of children, on the ground that it frequently causes vomiting, great depression, and so on. Moncorvo of Rio de Janeiro says he has treated over two hundred children,

with various forms of disease, with antipyrine in his polyclinic, and has come to the conclusion that it is the safest antipyretic that can be given to children. He saw sweating and vomiting occasionally follow its uses, but never severe adynamia. I have used antipyrine in a large number of cases of bronchitis and pneumonia in children, and have generally been pleased with the results obtained. Besides lowering the temperature, it has a sedative effect on the nervous system and often seems to shorten the duration of the disease. The sedative effect of the drug is often so marked that a child which had previously spent two or three restless nights will sleep as soundly as if it had received an hypnotic. I attributed this sedative effect, at first, solely to the reduction of temperature, but think now that it is due partly to the direct action of the drug on the nervous system. I have never seen it exert any injurious effect on children, though I have given it to infants of three and four months. I am inclined to think that alarming symptoms in children have usually been caused by giving unwarrantably large doses.

Antipyrine has been used with fair success in the treatment of acute rheumatism; but, as has been shown by Germain Sée and dwelt upon by him in the sitting of the *Académie de Médecine*, September 6, 1887, it is in the treatment of sub-acute and chronic rheumatism, chronic arthritis and gout that antipyrine is superior to the salicyl compounds and to antifebrine.

In illustration of this use of the drug, I will give briefly two cases from my own practice:

Freda W., aged 15, complained one morning of pain in the wrist. In the evening the left shoulder, knees and feet became painful, especially if she attempted to walk. Temperature normal. I gave antipyrine in eight grain doses three times a day, and the pains rapidly subsided.

Max M., aged 12; somewhat anæmic; has had chorea; complains of pain in joints. Temperature normal. Five grains of antipyrine three times a day soon gave complete relief.

We now come to what has proved to be the most promising field for the use of antipyrine, viz.:

DISEASES OF THE NERVOUS SYSTEM.

Germain Sée, whose clinical experience with antipyrine has been very large, vaunts this drug as the great remedy for pain. To quote his words: "*C'est la remède des douleurs et de la douleur.*" While he is probably over-enthusiastic as to the analgesic properties of antipyrine, it certainly can, in many instances, take the place of the opium preparations with their unpleasant secondary effects and dangers.

Germain Sée has had marked success with this remedy in the treatment of neuralgia; especially in obstinate cases of sciatica. He gives four and one-half grains hypodermically and at the same time fifteen grains internally, three times a day, and continues this treatment for eight or ten days. He claims remarkably good results in the pains of locomotor ataxia, diabetes and herpes zoster; also in renal and hepatic colic, gastro-intestinal and uterine colic. S. Fränkel, in the *Deutsche Medicinische Wochenschrift*, says he followed the example of Sée and used antipyrine subcutaneously in many painful affections with excellent results. He found that an injection of 0.25 (about four grains) caused analgesia in a space extending over six to seven centimeters within ten to fifteen seconds. The effect lasted six to eight hours, and in most cases the pain did not return. Even three or four injections made at the same time produced no toxic symptoms. Fränkel suggests that these subcutaneous injections be used instead of chloroform, in diagnosing injuries of the joints. The one objection to the use of the drug in this manner is the local burning sensation following the injection. Dr. v. Brincken has suggested that this may be prevented by first injecting one-sixteenth grain cocaine. To prevent pain on the extraction of a tooth, or to relieve the pain of periostitis of the root, Dr. Martin of Lyon injects between the gum and the tooth a solution containing one-half grain cocaine and six grains of antipyrine.

The use of antipyrine to relieve migraine and other forms

of headache, is not only familiar to the profession but also to the more intelligent class outside of the profession. Many ladies now keep themselves supplied with antipyrine just as they formerly had their bottle of bromo-caffeine at hand ready for use. The combination of antipyrine with the bromides seems to be especially efficacious in some severe cases of headache.

In the treatment of *chorea*, antipyrine has given satisfactory results in the hands of many different observers. I think Legroux was the first to call the attention of the profession to this use of the drug. He usually gives fifteen grains three times a day. H. C. Wood of Philadelphia says that in his hands cases which did not improve under arsenic yielded to antipyrine in from one to three weeks. He, however, gave smaller doses than Legroux.

While whooping-cough is generally recognized to be an infectious disease, I speak of it here on account of the prominence of the nervous element in its symptoms. Dr. Sonnenberger of Worms deserves the credit of having first used antipyrine in the treatment of whooping-cough, and of having contributed many valuable articles on this subject to current medical literature. His experience with antipyrine in pertussis has been enormous, and dates back to 1884. He has shown conclusively, and is seconded in this by other reliable observers, that antipyrine, given systematically, will diminish the number of the paroxysms as well as their intensity, and that it will shorten the duration of the disease. If used in the early stages it will even cut short the disease in some cases. He gives it three or four times a day in doses ranging from one grain to a child of six months to eight grains to a child of eight to ten years. To very young infants he gives a centigramme for each month of the patient's age.

Quite a number of careful observers speak highly of antipyrine as a *hæmostatic* in epistaxis, metrorrhagia and hæmorrhages from superficial wounds. It has failed in cases of hemoptysis.

Neudörfer, the distinguished Austrian military surgeon,

contributed an article to the *Internationale Klinische Rundschau* on the analgesic and antiseptic properties of antipyrine. He found it to be an excellent dressing for wounds. Dr. J. Schreiber of Meran was led by the reading of this article to try it as a local application in a case of hæmorrhoidal ulcers, and had very satisfactory results. I have used it in a similar case, and was better pleased with it than with other local applications. It must be finely powdered and applied daily. It causes a momentary smarting, which soon gives place to a feeling of relief from pain and itching.

A few cases have been made known where death followed the administration of antipyrine, and numerous cases have been reported, which show that this drug may occasionally produce decidedly alarming symptoms. The following case, reported by Paul Guttman of Berlin, may serve as an example of the toxic effects of the drug. A man aged twenty-two was treated for rheumatism with salol and antipyrine, the two medicines, however, not being given simultaneously. The third time antipyrine was given (fifteen grains), the following symptoms appeared within a few minutes: A feeling of heat, dyspnoea and palpitation, with intense cyanosis, rapid pulse and respiration. These symptoms disappeared in half an hour after the application of sinapisms, ice to the region of the heart and camphor internally. Guttman has had but two such cases in three years' experience with antipyrine in hospital practice. A very annoying rash resembling urticaria, which itches intensely, sometimes occurs. I have only seen this once, in a girl of fifteen with typhoid fever, who had been taking fifteen to thirty grains daily for over a week. In some cases reported there has been a subnormal temperature, with coldness of the surface and great depression. Profuse sweating frequently occurs without any other unpleasant symptoms. Belladonna has been found to be an antidote to the toxic symptoms produced by antipyrine; but according to Germain Sée, discontinuing the medicine is alone sufficient to cause the symptoms to abate. In his opinion toxic symptoms occur only when the drug is given for a long time or in too large a dose. The

complex nature of antipyrine makes it advisable to avoid prescribing it in combinations in which chemical changes might occur. Several cases have been published where antipyrine was prescribed with sweet spirits of nitre, and the administration of the mixture caused symptoms of poisoning. The above combination is followed by a decomposition of the antipyrine and the production of a deleterious chemical compound. I would say in conclusion that while antipyrine is to-day one of our most valuable remedies, it still offers a large field for investigation and experiment.

CORRESPONDENCE.

CINCINNATI LETTER.

Dr. C. W. Palmer, so seriously injured during the meeting of the American Medical Association here, has gone to California for his health.

The treatment of hysteria was the subject brought before the Cincinnati Academy of Medicine by Dr. Phillip Zenner. He reported a number of cases in a very graphic manner, giving the various ways of malingering and his method of discovering the same. Several of his cases were among men. He laid great stress on the power of the will over these patients. Treatment should be carried on with the utmost patience on the part of the physician. He was not in favor of cruel means or of abuse. He thought there was more disease in these cases than is generally supposed. One case he reported was that of a man who feigned blindness and hemiplegia. He was a most trusty man, of noble characteristics, and had been for many years *in the employ of* a man who thought so much of him that he furnished him with physicians and nursing at a great expense. The man had a happy family, whose dependence he was, and why he should lay up on charity and allow his family, of whom he thought so much, to suffer, was inexplicable. The doctor found by tests that the symptoms complained of were feigned, yet he thought there was some undiscovered lesion somewhere which would account for this trouble. He could not think he was malingering without cause. Hypnotism was quite successful in one case of hemiplegia. This manner of

treatment the doctor thought yet in its infancy, but it could be of much benefit when carefully applied. The moral influence of the physician over his patient he thought a matter of the greatest importance in these cases. The successful physician will depend largely on his will-power, the confidence he can arouse in his patient and the tact and shrewdness which he may possess.

Dr. Newburg was of the opinion that the genitals were at fault in many cases of hysteria, and reported a case where this was the condition in a man who came to him from the care of another physician, where he had been unsuccessfully treated because this was overlooked. Dr. E. W. Mitchell insisted on the removal of the patients to other scenes, where they would be from under the influence of friends and completely under the control of the physician. Seclusion and the Weir Mitchell treatment he thought to be most successful. He related a case where he accidentally fell on a successful method of treatment. He had a woman who was very hysterical and who called him in on frequent occasions. Once he was called in great haste and told that she had taken an enormous dose of *nux vomica*. Though he hardly believed she had done as she said, yet to be on the safe side he gave her a hypodermic injection of apomorphia one-tenth grain. To her great surprise, she soon felt very much nauseated, and vomited as she had never before done. This paralyzed her attack, and she went a long time without her favorite amusement. He had tried this remedy in other cases with similar good results. He favored patient, gentle measures, with the employment of great tact and patience, avoiding all rough and cruel measures. Many of these patients would not remain well because they did not want to. Others who thoroughly wished to recover could not for some uncontrollable and unaccountable reason. Dr. E. S. McKee thought the essayist had displayed an amount of patience with his hysterical cases which was commendable. For his part, he could not do it, and if his cases did not recover promptly, he endeavored to get rid of them, preferring to employ his time more profitably to himself and mankind. He had good results from the inserting of a pyramidal piece of ice (rough) into the rectum. The triple valerianates had also done good work in his hands. Isolation he thought to be of great service, especially in children. He was surprised to learn to-night of the disease being so prevalent among men. He had thought it confined to women and Frenchmen. French male milliners are especially subject to this

trouble. Dr. Stewart thought the teaching of music in this city was the cause of much hysteria.

An interesting specimen of placenta succentariata was exhibited to the Cincinnati Obstetrical Society at its meeting at the residence of Dr. Dunham, on November 9, by Dr. William H. Taylor. It was difficult to tell which was the second placenta, both were so well and so equally developed. Several other specimens were presented and discussed. The secretary complained bitterly of the negligence of the members in returning to him his reports of discussion for revision, thus greatly delaying the publication of the proceedings. He said also that the members should stir themselves up to more diligent work. Papers should be forthcoming more promptly, and should be announced longer beforehand, so that members could prepare themselves and make a more creditable showing in the reports. The remarks of the secretary produced a good effect, and a program was promised on the spot for the coming winter. For the December meeting, which occurs on the second Thursday, Dr. W. H. Wenning will read on the subject, "Septicæmia Following Mastitis," and report a case. Dr. Byron Stanton will read on "Placenta Previa." Dr. C. S. Mitchell will report a case and present a specimen of sarcoma of the omentum. At the January meeting, Dr. E. G. Zinke will read on "Extra-uterine Pregnancy." At the February meeting, Dr. C. A. L. Reed will report a case of papilloma of the ovary. At the March meeting, Dr. E. W. Mitchell will read on some subject yet to be announced. Dr. Dunham gave the members a most excellent collation, quite in keeping with the palatial residence in which he resides. To most of the members this was their first visit to the doctor in his new home, and it was a very enjoyable one. Dr. Dunham enjoys the privilege of having the finest residence of any physician in Cincinnati. Dr. A. G. Drury presented an anencephalic foetus, which occasioned considerable interest.

Gonorrhœa in the female was the subject up before the Academy of Medicine at a recent meeting, introduced by a paper by Dr. W. D. Haines. The doctor cleansed the vagina thoroughly with an alkaline solution at about 46 deg. C., which removed the vaginal epithelium and relieved the hyperæsthetic condition of the parts, and then proceeded to pack the vagina with boracic acid. This he allowed to remain for thirty-six hours, removed it, washed the vagina out with a 1:1,000 solution of bichloride, and re-applied the dressing in eight or ten hours. The cases required four or

five applications. The treatment was applied in all instances in from four to twenty-four hours after the appearance of the flow, and the discharge continued from nine to fifteen days.

The discussion which followed soon strayed from the common walks of every-day gonorrhœa, and passed up into the Fallopian tubes, became salpingitis and required the opening of the abdomen. Gonorrhœa in the female, owing to the spacious anatomy of the parts, is a matter of comparatively little importance, much less, in fact, to her, than to her male friends. Many go through with the disease and scarcely know that they have it. A better understanding of the nature and pathology of the disease has greatly simplified its treatment, and it to-day is in striking contrast to the numerous and confusing remedies of a few years ago. Cleanliness and a restricted diet are the great *desiderata*. The disease may tend to recur, which is often due to its remaining latent in the vulvo-vaginal gland. An injection of a two to five per cent. solution of nitrate of silver through the duct of the gland is a good thing in this case. The knife used by the ophthalmologists in slitting the duct of the lachrymal gland is an excellent instrument to insert into the duct, lay open the gland, and put it in better position for treatment. Gonorrhœa may remain latent in the female for a long time, and be called out again by a resumption of sexual excesses. The frequency of sterility following gonorrhœa is a question of much importance. It has been claimed that women who have had gonorrhœa never afterwards become pregnant. This is not absolutely true, though nearly so.

Colonel H. M. Jones has resigned his position as superintendent of the Cincinnati Hospital, a position which he has held for twenty-five years, on account of ill health. He is succeeded by the secretary of the institution, Major T. E. H. McLean. Major McLean, on account of his connection with the hospital for twenty years in the position which he has just vacated, has done much good work, and was by far the most thoroughly qualified person to succeed Superintendent Jones.

The librarian of the Cincinnati Hospital library, Mr. P. Alfred Marchand, is doing a good work, in that he has added hundreds of volumes to the library in the past twelve months. He has secured donations from a number of physicians who had medical literature about their offices which they intended to get bound some day, which day never came, and which literature was getting covered with

Cincinnati coal soot, getting lost and very much in the way. Some of this the physicians were very glad to get rid of, especially when they knew that their books and journals would be bound and preserved in a public library, where it would be accessible not only to them but to the profession at large. This is one of the most complete medical libraries in the country, as far as medical journals are concerned. The librarian would be glad to receive donations to the library, and is prepared to make exchanges with those who wish to complete sets of journals and transactions, having a large number of duplicates on hand.

This library is a monument to Dr. John H. Tate, now consulting obstetrician to the hospital. It contains about four thousand volumes and is one of the finest of its kind in the country. Some ten years ago Dr. Tate introduced into the Academy of Medicine a resolution that the fund arising from the sale of tickets to the clinical lectures at the hospital be devoted to library and museum. This fund has increased greatly in the past few years, and now has reached the magnificent sum of thirteen hundred dollars annually. The library contains many valuable and rare works of reference in German, French and English. Dr. Tate has been connected with the hospital for nearly fifty years. Dr. William Carson was the first pathologist to the hospital, appointed in 1866, and made the first *post mortem* in it.

The president of the hospital staff is Dr. C. C. Comegys, who has been in the services of the institution since 1857. He has done much work in the line of translations of medical works from the French. Dr. Comegys has always been a friend of education, and has done much good work in the public schools of the city and in the Cincinnati University. He was chairman of the committee which opened our immense public library. His hobby is physiology.

The present Cincinnati Hospital is an elegant piece of architecture, separated into eight distinct buildings connected with corridors above and passages below ground, and surrounding a lovely court of flowers, grass and fountains. Eighteen hundred feet of cubic air are allowed to each bed. There are a number of private rooms, and an amphitheatre capable of seating five hundred students. Clinical lectures are delivered in the amphitheatre two hours each working day, beginning in October and ending in February. Admission to these lectures is five dollars per term. The hospital has been kept singularly free from politics and consequently free from scandal. The arrangements for fire, water,

gas-light, telephone and telegraph are perfect. There is a branch hospital situated outside of the city limits for the reception of infectious cases. Dr. Drake planted the trees in Washington park and Dr. Judkins planted those about the hospital. Internes to the hospital were chosen recently by competitive examination as follows: Drs. Schmid, Creiwe, Sudhoff, Thornbury, Hunter, Francis, Hoppe.

TOLEDO, OHIO, November 2, 1888.

Editors CLEVELAND MEDICAL GAZETTE:—

In your last issue, in the article on Senile Hypertrophy, by Dr. Smart, on page 457, occurs this singular statement, and more singular coming from an American physician, that "Uterine Myoma are very rare in the Negro race." Dr. Smart must certainly be acquainted with the experience of physicians practicing in the southern states, for physicians there find uterine myoma among the Negroes to be exceedingly common. It is, however, a strange fact, that this disease is entirely unknown among the Negroes of Africa, they only being troubled with it after reaching this country.

Yours very truly,

WM. J. GILLETTE, M. D.

705 Madison street.

Diphtheria Treated by Chloral Hydrate.—Dr. Mercier reports very good results in the *Rev. de Therap.* Before giving chloral, if the tongue be much furred, he administers an emetic—preferably ipecacuanha in powder. He then gives from one and a half to five grains of chloral, in the form of a syrup, every half hour, taking care to give food and drink beforehand, so as to leave the syrup in contact with the throat. The administration of liquids before the chloral prevents the latter giving rise to gastric pain. The drug generally stopped the further progress of the disease, and within forty-eight hours the false membranes disappeared, and the raw surface left was gargled with an astringent lotion. The treatment is of use only in the early stages of the disease, and is without benefit when the larynx is involved. This is the treatment advocated by the late Dr. Galentin of this city.

Dr. N. S. Davis has resigned the position of editor of the Journal of the American Medical Association. Dr. John B. Hamilton has been selected as his successor.

The Cleveland Medical Gazette.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

DR. HORACE A. ACKLEY.

Horace A. Ackley was born in Genesee county, New York, in 1815; died in Cleveland, Ohio, April 24, 1859. He attended the public schools of his native town and also a private academy. His medical studies began immediately on leaving school; he received some instruction at Elba and Batavia, took a course of lectures at Fairfield, Herkimer county, New York, and there graduated in 1833, at the age of eighteen. Next year he practiced with Dr. Havill at Rochester, and gave a course of lectures in anatomy for Dr. Delamater at Palmyra.

He came to Akron, Ohio, in 1835, and practiced there. In 1836 he was appointed demonstrator of anatomy at the Willoughby Medical college, and gave a course of lectures. He then moved to Toledo, where he practiced for three years. He then came to Cleveland, and in 1842, in conjunction with

Drs. Jared Potter Kirtland, John Delamater and J. Lang Cassells, founded the Medical Department of Western Reserve College (now University), which was generally called Cleveland Medical College. He was appointed to the Chair of Surgery in that institution, and retained the position until 1858, when he resigned it. He was the most noted surgeon of his day in this section of the United States, and enjoyed a considerable reputation as an expert witness.

In a book entitled 'The Portrait,' a romance of the Cuyahoga valley, by A. G. Riddle, now of Washington, D. C. (Cleveland: Cobb, Andrews & Co.; Boston: Nichols & Hall. 1874), Dr. Ackley is introduced as one of the characters. He appears as medical expert in a murder trial. As in this story, in 'Bart Ridgley' and in various tales, the distinguished author has presented also B. F. Wade, Giddings and other political, legal and other notables of the Western Reserve, with a fidelity which has been highly commended, we venture to extract a few pages of his novel in which Dr. Ackley appears. It was in 1845.

Page 224: "Intense excitement prevailed all through the country. Acts of violence were rare, and in many of the Reserve counties a homicide had never occurred. The newspapers were full of the tragic event, and the wildest and absurdest rumors prevailed among the people. The authorities, unfamiliar with such cases, were on the most confused alert, investigating and blundering in the most compendious way.

"The coroner called a jury and held an inquest on the body, where it lay in the woods, with the March flowers crushed under it. Hundreds of people attended, and many from twenty miles distant.

"It was in proof before the jury, that a man similarly dressed, and riding the horse afterwards found, was seen to enter the woods just at twilight, a mile from the scene, and that a young man, on his way to his sugar bush, found the body early next morning.

"Three or four doctors concluded that death was caused by a blow from a bludgeon upon the head, and other evidence

was given that the body had been robbed. Finally, a man came forward who identified the body as that of Oliver Olney. The horse was produced and inspected. The jury returned that the man known as Oliver Olney came to his death by a blow from a bludgeon in the hands of some person to the jurors unknown.

"Two days later the body was buried with great solemnity in the presence of a concourse of more than a thousand people.

"The officiating clergyman preached a most acceptable sermon from the words, 'Whoso sheddeth man's blood,' etc."

Appearances were very much against Jake Green, who bore no good reputation, and was captured suspiciously near the scene of the alleged murder, and jailed. Then a talented young lawyer, Fred Warden, the hero of the story, volunteered to defend him, and went to work to hunt up his evidence and prepare the defense.

Page 230: "The proceedings concluded with the disinterment of the remains, and a most careful and scientific examination of them, conducted by Dr. Ackley of Cleveland, in the presence of a distinguished practitioner from Warren and one from Ravenna. This act was thought to be little short of an outrage upon public decency and propriety; and the folks said that if there was no law to prevent such shameful carryings on, it was time there was.

"What earthly use was there in digging up a dead man, as if he could be made to tell anything on their side of the case?

"Of course, that was all the doings of the doctors; they would make anything an excuse to dig up and cut into a body; and it was popularly believed that Dr. Ackley actually carried off the head of the murdered man to Cleveland, and pickled it in spirits, and that each of the others took some choice bit."

Finally the trial came off.

Page 285: "The state produced witnesses, proving the finding of the deceased, and the doctors, who swore that life

was destroyed by a blow or blows on the head, fracturing the skull, and so forth.

"Fred, in a very quiet way, put these men under the gentle torture of a cross-examination, such as the learned M. D.'s sometimes enjoy at the hands of their brethren of the bar.

"In this instance it was the more embarrassing, as the dreaded Ackley was observed to be a grim listener. When asked to explain how they knew that the man died of a blow on the head, their reasons were not satisfactory. They made no examination of any kind; did not deem it necessary. He was dead, his skull was fractured, and most men would deem that sufficient. Of course it could be done by a blow, and in no other way. Had they removed the scalp? No.

"How did they know the skull was fractured?

"Did they know whether the neck or spine was injured? They made no examination.

"The questioning was cool, quiet, but long and exhaustive. It was evident that here lay one position of the defense, and the state's medical testimony left it dubious as to the means and cause of death. The quick, cool, shrewd spectators saw the weakness of the case.

"Some marks and bruises were found on other parts of the body, produced, as was said, by dragging the body after the murder; it was left quite doubtful whether they were not made before death, or might have been. It appeared that it had snowed on the night of the murder, and the snow was two or three inches deep in the morning, covering the body of the slain man; and also that a watch and a small amount of money were found on him."

Page 293: "When Dr. Ackley took the stand, there was a general movement to gain a good sight of the famous surgeon and somewhat distinguished scientific witness, certainly the most remarkable of his day in the west.

"Slightly above the medium height, and large, with a little stoop in his shoulders, a strong-marked face, dark, with black eyes that could flash out the original ingrained savage,

or melt with the tenderness of the enthroned woman who sometimes ruled them, which were overhung with heavy brows, while from his forehead were swept back heavy masses of coarse, black hair. His manner was careless and free ; a man of little culture, of commanding talents, iron nerve, and a cool, shrewd, artful, artless method of dealing and swearing, at once impressive, conclusive and exceedingly dangerous.

“Like other distinguished medical experts, he was to be retained, and his evidence was an ingenuous argument under oath. Nothing was ever more simple and plain, and as to nothing did he ever seem so utterly indifferent as to the wants and wishes of the side which called him ; nothing was often so helpful as the seemingly unconscious blows that he appeared to give to his own side.

“He was an intense hater, capable of narrow, mean and cruel prejudices, and wielded a tongue sharp, bitter and caustic, as well as soft, soothing and seductive.

“When called, he lazily arose, moved forward, and declined to be seated ; stated his profession and residence ; he had had some little experience in surgery ; was a professor in the Cleveland Medical College, etc. ; saw the body of the deceased ; it was disinterred, and found in a state of good preservation. He went on to say that, assisted by his distinguished friends, Dr. Bond of Warren and Dr. Jones of Ravenna, he had made a partial examination.

“They removed the entire scalp from the cranium, and dissected away the soft parts of the neck so as to lay bare the spinal column ; no injury of any kind had been sustained by the bones of the cranium, no fracture and hardly an abrasion of the scalp ; the skull was removed and the condition of the brain demonstrated that no serious injury had fallen upon the head ; the neck had been dislocated, broken, as people say, and that had caused death, which followed instantaneously ; it was not produced by a blow on the head, could not have been by any possibility ; it was undoubtedly occasioned by the man's being suddenly and violently thrown from his horse, so as to fall and receive the whole weight of

the body on the head and neck. A horse suddenly rearing, so as to give an increase of height and throwing a man clear from the saddle, would be equal to the injury.

“The man was found a little at the left of the road through the woods. As he was riding along, cold and weary, something at the right and nearly in front of his horse had frightened the animal, when he reared, turned suddenly, partly on his hind feet to the left, throwing his rider helplessly upon his head and breaking his neck, and where he fell he was found.

“If care had been used, when the snow melted the tracks of the horse would have been found where he turned and ran back, the imprint of the man’s head in the ground would have been discovered, and the profession would have lost the brilliant and useful example of its two members, who swore that the man was killed by blows on his head from a bludgeon, in the hands of a man on the ground, which had fractured his skull. Dr. Ackley was put under a close cross-examination—as close as he ever permitted himself to endure, for he had great power in good-naturedly holding his cross-questioner at long range, just as suited the exigencies of his case.

“He was asked whether he did not think that if a man, the defendant, for instance, had suddenly sprang at the horse, it might not have frightened him so as to have produced the result named.

“Fred asked ‘if that was a question for an expert.’ Ackley turned and scanned Jake with apparent care for a moment, and answered ‘that he thought that he might scare a horse, possibly. Horses had their own views of men’—a laugh, but, lingering a moment, ‘he thought that if even Jake Green had been there to kill the man, he would not have commenced by trying to induce the horse to run away with him.’ This produced a sensation marked and distinct.

“When Ackley left the stand the chances for the edification of the people, by a public execution, were much diminished. In his testimony as to the injuries to the deceased, he was fully sustained by the two doctors who assisted him.”

In Dr. Ackley's time surgery was but little known or practiced in the west. He has been called the pioneer surgeon of Northern Ohio. He had a wide field, and he was just the man to fill it. Of splendid physical proportions and great powers of endurance, he was enabled to undergo the fatigues of the rough roads and rude accommodations of the newly-settled country. He was in constant demand in all this region round about; if there was even a broken leg within forty miles of Cleveland, Ackley was wanted. And for cases of importance his "ride" extended half way to Chicago, which was the next surgical center in the west.

He was independent and often arbitrary in his ideas and methods, and could brook no control and heed nobody's opinion, unless it was Dr. Delamater's, for whom he had great regard. He was fond of horses, dogs and guns, and nothing outside of professional work suited him any better than a fox-hunt or a steeple-chase across country. In manner he was ordinarily brusque and off-hand, in expression sometimes witty and often humorous. It has been remarked that for a man of such fine physical proportions he was strikingly uncouth in his motions. There was a surprising, odd originality in his language, thought and mode of doing.

He was one of those who is "always right" in his own opinion; never would acknowledge an error. A notion, however peculiar, once fixed in his own mind, was sufficient for him to act upon to the uttermost, and there was never any lack of executive spirit or force in carrying out his plans. A man once presented at Ackley's clinic with an immense tumor of the scrotum hanging nearly to his knees. It being a very unusual and interesting case, Dr. Delamater was called in and in his mild way gave the opinion that it was a fatty tumor. But Ackley got it into his head that it was a baby—said he could feel its knees and its neck. "You know, Professor Delamater," said he, "that the spermatozoa sometimes take on curious forms and develop into such monstrous growths." "Very well," rejoined Delamater, "Dr. Ackley may be right; we shall see when he removes it." The tumor was removed by division of its pedicle, and being laid open

displayed its fatty nature. "Well, now," said Ackley unabashed, "you know, Professor Delamater, I always claimed this was probably a fatty tumor." Delamater then detailed Sir Astley Cooper's clinical case, and held the class for an hour with a scholarly account of tumors of this region, with which he was perfectly familiar.

This patient was lodged upstairs in a house near the college, and it so transpired that a few days after the operation the old man died. Ackley came into his office and said to Proctor Thayer, who was then a student of his and Delamater's:

"Thayer, the old man that had the big scrotum is about dead. You go down and make an examination."

"And when I make it what will I find?"

"You'll find a clot of blood on his brain as big as my hand."

"But how can I make an examination? The people are thronging the street around the house swearing the old man shall not be touched."

"Never you mind," said Ackley; "you go in and make the examination and I'll take care of this d— mob."

So Thayer went in and went to work, while Ackley stood at the head of the stairs and drove everybody back that attempted to mount them, promising, with all necessary emphasis, to make a *post mortem* on the first man that came within arms-length. The clot of blood was found, sure enough, as predicted, and Ackley had his way after all.

As an operator he was fearless, cool and bold. His work was done with that dashing intrepidity which has always won the admiration of the laity in frontier communities. His skill with the knife was equal to his daring.

As a lecturer he was attractive through the magnetism of his strong individuality, his earnestness and originality. He was never theoretical, not even methodical, but always practical.

"In social life," says a biographer, "as in his professional, he was a man of strong convictions, lasting attachments and deep-rooted prejudices. In every way he was a positive man, of striking appearance and marked character."

We have taken occasion in a previous number (August, 1888) to present the project of erecting a monument to the memory of Drs. Ackley and Delamater, whose graves are scarcely marked at this day. The matter is in the hands of a committee of the Alumni Association Medical Department Western Reserve University. Contributions (of two dollars upward) can be sent to any member of the committee, which consists of Dr. A. M. Sherman of Kent, Drs. Proctor Thayer, J. H. Lowman, J. C. Preston and S. W. Kelley of Cleveland.

The plan is entirely meritorious and should meet with a quick response from all who love their profession and respect those who labored without reward for its honor and advancement. Especially to the medical men of Ohio should the names of Delamater and Ackley be dear, and it should be a matter of pride as well as pleasure to the sons of the institution whose origin was so identified with the lives of these illustrious pioneers.

THE CLEVELAND MEDICAL SOCIETIES.

Never in the history of the city has as much interest been manifested in the local medical societies as at the present time. The attendance is good and there is no lack of papers presented, which are of a much higher scientific character than heretofore. The discussions are valuable and participated in by gentlemen who have given the subject some previous thought and preparation.

The Cuyahoga County Medical Society have found that their monthly meeting does not give time enough to discuss all the papers read, and it has been decided to hold an adjourned meeting the second Monday evening of each month. At the last evening meeting a report on progress in dermatology was read by Dr. Corlett. A paper was read by Dr. Tuckerman, which offered some valuable suggestions as to how the society might become of greater service to the profession of the city. The discussion on *Chorea*

was opened by Dr. Upson, who presented a dog that has been suffering from chorea for a number of months, and has not been materially improved by treatment. A number of interesting cases were reported and pathological specimens presented. The essayist for the next meeting (Thursday, December 6, at 2:30 P. M.) is Dr. Peskins. Drs. McGee and Somervill will open the discussion on typhoid fever.

The Society of Medical Sciences.—At the last meeting of this comparatively new medical society, Dr. Millikin presented a large tumor of the brain removed from a woman who had suffered previously from optic neuritis, blindness and other typical symptoms of brain tumor. Dr. Allen presented to the society a typical case of noma or cancrum oris, a very rare affection in this country. Dr. Sihler saw a case in this city some years since. Dr. Humiston presented a pathological specimen of cancer of the breast in which the axillary glands were involved, and Dr. Carpenter reported a case of Alexander's operation in which he secured the round ligament by means of silver wire suture and split shot, which were secured in the wound and left to become encysted. This procedure he claimed as original with himself.

The paper of the evening on typhoid or enteric fever, as the reader preferred to call it, was read by Dr. Herrick, in which he presented very forcibly his views as to the cause and treatment of this disease. He believes typhoid fever to be a local disease, and that it can be aborted by the avoidance of all food that will leave a residue in the bowels. He especially condemned the use of milk as a food in this disease. Nearly all the members present took part in the discussion, few, if any, of whom were in accord with the essayist. Dr. Straight will read a paper at the next meeting.

DR. LEANDER FIRESTONE, M.D., LL. D.

The well-known Wooster physician, Dr. Leander Firestone, died Friday, November 9. At the time of his death he was sixty-nine years of age. Dr. Firestone was a graduate of the

medical department of the Western Reserve University, and held the position of demonstrator of anatomy in that institution from 1847 to 1853. He resigned this chair to accept the position of the first superintendent of the Northern Ohio Insane asylum, at Newburgh. He held this place until 1856, when he removed to Wooster, Ohio.

In 1864 he was made professor of Obstetrics and Diseases of Women in the newly organized Charity Hospital Medical College, which he held for many years. After this institution became absorbed by the medical department of Wooster University, he accepted the chair of surgery for two years. In 1878 Dr. Firestone was appointed superintendent of the Central Ohio Insane asylum, at Columbus, and held this place for three years.

At the time of his death he was emeritus professor of Obstetrics and Diseases of Women in the medical department of Wooster University.

At a meeting of the faculty of this institution, November 9, 1888, called by reason of the death of Professor Leander Firestone, M. D., LL. D., the undersigned, a committee appointed for that purpose, submitted the following resolutions, which on motion were adopted:

Resolved, That in the death of Dr. Firestone the community have lost an energetic and public-spirited citizen, the poor a generous and self-sacrificing attendant, the medical profession at large a surgeon and physician of unusual attainments, and this faculty their professor emeritus, whom they have always respected as a wise and prudent counselor and a helpful and steadfast friend.

Resolved, That a copy of the foregoing be forwarded to the family of the deceased.

Resolved, That the newspapers of Cleveland and Wooster be requested to publish these proceedings.

B. B. BRASHEAR, }
C. F. DUTTON, } Committee.
F. O. NODINE, }

NEW BOOKS.

'THE APPLIED ANATOMY OF THE NERVOUS SYSTEM.' By Ambrose L. Ranney, A. M., M. D. Second Edition. D. Appleton & Company, New York. 1888. For sale by the Burrows Brothers Company, Cleveland, Ohio.

Physicians who have had the pleasure of reading, from time to time, the articles by Dr. Ranney on "The Anatomy of the Nervous System" in the New York Medical Journal, The Medical Record, The Journal of Nervous and Mental Diseases and other medical journals, will be pleased to learn that those valuable contributions to this subject have been incorporated in this book. The section on the brain has been entirely rewritten, and such changes and additions have been made throughout the book that the present edition may be said to be a practically new work. "The profession have only recently awakened to the fact that many of the old ideas of the anatomy and physiology of the brain and the spinal cord were radically wrong. By symptoms referable to certain anatomical regions the existence of disease in certain corresponding parts of the brain and the spinal cord may now be positively localized during life." It is impossible in the brief space at our command to present any adequate idea of the scope and practical usefulness of this book. Instead of commencing with the spinal cord, as most authors have done, because it is more simple of construction, and then tracing the spinal nerves up through the cord to their origin, the author reverses this order and first treats of the brain, the most difficult, by far, to thoroughly comprehend, and then traces the nerves from their origin to their distribution, and we must confess this method of study has many advantages.

The author is a firm believer in cerebral localization, and promises brilliant results in this field of surgery for the future. He presents in support of this view a mass of experimental research and such an array of clinical and pathological facts as to convince the most skeptical. Among the many ad-

mirable features of this work are the excellent diagrams and wood-cuts which serve to illustrate the text. When future generations come to assign to this age its proper place as to its contributions of permanent value to medical literature, that of illustrations, especially by means of wood-cuts, will stand preëminent.

At this time, when so many visionary theories are being propounded and so many new terms being introduced into the nomenclature of mental diseases, it is necessary that the practitioner of medicine should have a more general knowledge of the anatomy and physiology of the nervous system, so that he may have some solid groundwork upon which to stand, and may, at least, be able to judge with some degree of intelligence the new theories advanced. This work will serve to supply this information in an easy, practical and intelligent manner.

'A PRACTICAL TREATISE ON THE MEDICAL, SURGICAL AND HYGIENIC TREATMENT OF CATARRHAL DISEASES OF THE NOSE, THROAT AND EARS.' By THOS. F. RUMBOLD, M. D. Second edition. Medical Journal Publishing Company, St. Louis, 1888.

This large volume of 1,054 pages very fully treats of catarrhal diseases of the upper respiratory tract, and is very largely the result of thirty-five years' practical experience in the treatment of a large number of these diseases. It is somewhat refreshing to occasionally read a book that leaves the beaten track and presents *something new*, even though we are not entirely in accord with the views expressed by the writer. The reviewer, when attempting to sift the wheat from the chaff in such a large volume, cannot fail to be impressed with the belief that much of the chaff might have very profitably been omitted. Yet we are well aware that to the physician who has an obstinate case to treat, one which all ordinary treatment has failed to benefit, and when he has read all the available literature of the subject, he has the feeling that anything, no matter how prolix, has been of value if it only serve to shed some light upon the case under observation, either in the way of diagnosis, prognosis or treatment. It is in such a case as this that Dr. Rumbold's

exhaustive work will prove of great value to the practitioner, because many cases of catarrhal diseases of the nose, throat and ears do prove rebellious to ordinary treatment—they depend upon some general or constitutional causes which may be difficult to discover and even more difficult to remove when found.

The work of Dr. Rumbold, in emphasizing the importance of treating the local manifestation of catarrhal affection mildly, and not using caustics and astringents so freely, is deserving of great commendation. He also deserves great credit for devising many new methods of instrumentation, especially an atomizer which will throw a satisfactory spray of vaseline and other oily substances. He very justly condemns the spraying of cold preparations into the nasal cavity.

His method of consulting the experience of the patient as to what remedies prove of the greatest value, may savor somewhat of quackery. Yet there is no doubt that this is an important aid in treatment which the physician will do well to heed.

The anatomical sections of the nasal passages taken from Dr. E. Zuckerkandl's work are of great value to those who do not possess the original.

The general practitioner will find the book an inexhaustible mine of information on catarrhal diseases, and the specialist will undoubtedly frequently make use of it as a work of reference.

NOTES AND COMMENTS.

Dr. M. Rosenwasser, recently elected to the chair of Gynecology in the medical department of the University of Wooster, is spending the fall and winter in the hospitals in New York and Boston. He will return in time to commence his lectures at the opening of the school about March 1.

Dr. F. E. Bunts, who was married the last of October, is now in Europe, where he with his bride will remain during the winter.

Health Officer Dr. Ashmun is absent from the city on a wedding trip for a few weeks. The doctor promised us a report of the proceedings of the recent meeting of the Ohio State Sanitary Association, but we suppose, under the circumstances, he is excusable for failing to furnish copy in time to appear in this number of the GAZETTE.

Dr. Henry B. Sands, the well-known anatomist and surgeon, died suddenly of apoplexy, in his carriage, November 18. For many years Dr. Sands has been recognized as the leading surgeon of New York City.

Youthful Sanitarian.—Looking out of a window into a rain-storm, little Willie enquired: "Mamma, where does all the rain come from?" "From the heavens." "And do the people drink all the water?" continued the little fellow. "Yes," was the reply. "Well," he replied, "I should think it would be very unhealthy to drink, there are so many dead people up there."—*Medical Standard.*

According to the Kansas City Medical Index, counter prescribing has reached such a height that unless a person is almost *in articulo mortis*, or at least has an affection which alarms him, he goes to the druggist instead of to the physician. A number of physicians are carrying and dispensing their own medicines as a retaliatory measure. The druggists are one ahead of the doctors at present, however. We have very much the same condition of affairs in Cleveland, and unless the druggists make some move to stop the pernicious habit of counter prescribing, the profession will dispense all their medicine from the office as some do now.

Milk objectionable in typhoid fever.—At a recent meeting of the Alleghany County (Pennsylvania) Medical Society, Dr. J. C. Mullon reported a case of typhoid fever, the course of which was unfavorably influenced by the administration of milk as a food. In the discussion of the case Dr. McCann said that as a rule typhoid fever was badly treated. The patient is over-medicated and over-fed. Milk, because of its decomposition in the intestinal canal, is not a safe food. During this process the poisonous animal alkaloids are formed, and they, acting through the nervous system, induce relapses, high temperatures and other unfavorable events. He uses antifebrin and sponge baths for high temperature, and prefers gruels, vegetable juices and beef tea to milk.

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ORIGINAL ARTICLES.

TYPHOID FEVER.*

BY J. B. M'GEE, M. D., CLEVELAND, OHIO.

Typhoid or enteric fever is a specific fever, due to a special poison, for which we possess no specific plan of treatment. It is of universal prevalence, occurring in all countries and climates, and may be said to be the great endemic fever of the United States. Its course, complications and sequelæ are familiar knowledge, but its etiology and pathology are still in doubt. The etiology of fevers in general, and especially of typhoid, is one of the doubtful and debatable subjects within the province of medicine. Our knowledge of its exact cause is so limited as to preclude any positive statement regarding its source. The various hypotheses that have been advanced—vital-germ, parasitic, nervous and others—indicate the uncertainty of our knowledge as to its origin. The pyrogenic substance with which we have to deal is known to us almost solely by its effects, as we do not yet certainly know the actual agent directly pro-

* Read before the Cuyahoga County Medical Society.

ducing the febrile phenomena. While this is doubtless true, recent investigations indicate that we are approaching the solution of the problem of the proximate cause of typhoid, as well as that of other infectious fevers. The balance of evidence is in favor of a specific typhoid bacillus. The researches of Eberth, Klebs and Gaffky, who have described it, show that it has never been found in any other disease. These results have been apparently verified by Vidal and others, and it is extremely probable, if not absolutely proven, that it is upon the entrance and increase of these bacilli that the production and diffusion of the disease depend. In whatever manner the typhoid poison enters the organism, whether through air, water or other media, the essential or exciting cause is the same. The mechanism of fever is not thoroughly understood. There are several theories attempting to explain its production, of which the two main ones are the combustion and the neurotic—the first recognizing the rise of temperature as resulting from increased activity of the process by which heat is naturally formed in the tissues, and the second implying that the pyrexia is due to impairment of the inhibitory force by which the heat-producing process is normally controlled. That the heat-regulating mechanism is a nervous one can scarcely be doubted.

Macalister states that “the thermal nervous system has three parts: the thermotaxic or adjusting, the thermogenic or producing, and the thermolytic or discharging mechanism; disorder of the first implies irregularity of temperature only; disorder of the first and second implies, in general, heightened temperature and increased bodily heat, that is, ordinary fever; disorder of all three implies, in general, hyperpyrexia, dangerous increase of heat and steadily rising temperature.” The cause of pyrexia in typhoid is regarded by Austin Flint as twofold, due to, “on the one hand, an exaggeration of the chemical changes taking place in the organism by which, within natural limits, animal heat is generated; on the other, a disturbance of the processes of equalization of the heat of the body, mainly by the action of the skin.” It is evident then that the cause is essentially

a disturbance of the normal balance between heat loss and heat production. The exact relation which the bacilli bear to the pyrexia is still unsettled; but that it is a causal one, either primarily as pyrogenic agents, or secondarily by the formation of poisonous ptomaines or other toxic bodies, is very probable.

Typhoid fever has been said to include all pathology, and its treatment has been as varied as this statement would imply. The severe practice of the older physicians was so irrational that the reaction carried the profession to the expectant extreme. The effort to find a remedy exerting a specific effect upon the disease resulted in the so-called abortive treatment, in which different agents have been used with varying degrees of success. Liebermeister's plan of calomel and iodyne, Bartholow's of iodyne and carbolic acid, that of Pepper with nitrate of silver, of Kesteven with eucalyptus, the thymol treatment and others have been tried, and while they may possibly retard the course and lessen its severity, the results have not been such as to lead the profession to adopt any one of these as an exclusive line of treatment. Concerning the action of calomel, which has again been recommended as a specific, Nothnagel states that in his hands castor-oil has proved equally efficient. The direct result of the recognition of high temperature as the essential element of danger, was the antipyretic treatment. The theory and teachings of Liebermeister, that the graver symptoms were directly dependent upon the pyrexia, brought this prominently before the profession; assuming, too, that the weakness of heart, due to parenchymatous and fatty degeneration, was also the result of the same cause, the reduction of temperature became the main therapeutic indication. At present there is a strong reaction against these views, and it is possible that, as was once a prevalent doctrine, there may be a conservative element in fever. The rise of temperature is essential to the natural course of typhoid, and only when it becomes extremely high, and threatens the patient's life or the integrity of his tissues, does it require special antipyretic means. It is possible that the

fever is but the reaction of the system against the organism, and a manner in which it tends toward recovery; rather an index of the severity of the disease than a source of danger in itself. Dr. Welch, in the Cartwright Lectures for the current year, states "that failure of the heart's power in fevers is less an effect of high temperature than of other concomitant conditions;" and reaches a similar conclusion concerning the so-called typhoid symptoms which "are more dependent on infection or intoxication than on heightened temperature." This position is radically opposed to the former one, and probably represents that held by the majority of the profession of to-day. The influence of antipyretics is only temporary; they do not exert a specific effect, and do not control the course of the fever. The antipyretic doses of quinine advised by Liebermeister have been practically discarded, but few of the more recent German authors recommending their use. Quinine lowers heart action in reducing temperature, and when the cardiac contractility is impaired as it is in typhoid fever, it is doubtful whether its administration is a judicious course to follow. The same holds true to a certain extent of the antipyretic doses of antipyrin, antifebrin and thallin, which common consent appears to have selected as the most trustworthy of the new antithermal agents; the action of the one chosen should be closely watched, although it is possible that the cases of collapse and cardiac failure reported may be due to the toxic rather than the medicinal dose of the drugs. Resorcin and kairin have been found effectual in reducing temperature, but their other effects are unfavorable. Several other antipyretics are reported, and from this field of chemical investigation we may in the future obtain those better and safer than any we to-day possess.

Antipyretics are of two kinds: the chemical antipyretics, as quinine, antipyrin and its congeners, which reduce fever by a chemical action, and hydrotherapeutic measures which abstract heat; they may be conceived to operate in one of two ways: either by increasing the discharge of the pyrexial heat, or by checking its production. Some assume that they

lower the temperature of the body by interfering with the circulation, or, by virtue of an antiseptic property, destroy the organisms on which the pyrexia presumably depends. The false antipyretics, as they are termed by Wood, as aconite, veratrum and similar drugs, act upon the vaso-motor system, and so increase heat dissipation.

In hydrotherapeutics, Brand, at present one of the strongest advocates of the cold water treatment in Germany, certainly presents good results. The plan may be an efficient one, but appears rather heroic for private practice in the United States. The advantages are certainly counter-balanced by the risks from fatigue and exposure. In my own practice the cold bath has never been used, sponging several times a day with warm water, to which a little alcohol has been added, having been preferred, relying on the chemical antipyretics to reduce extremely high temperature. Of these, antipyrin appears to be at present the favorite of the profession, and carefully used seldom produces dangerous effects. The length of time through which its results extend depends upon the individual, the severity of the attack and the size of the dose. Fifteen grains ordinarily produce reduction for two or three hours, and thirty grains for five or six; it should be given in ten or fifteen grain doses at the outset, to ascertain how it is borne. The action of antifebrin is similar to that of antipyrin, and the reports of its action are generally favorable; the dose is about one-fourth that of antipyrin, so small a dose as four grains strongly influencing the fever, producing a decided fall of temperature without unpleasant symptoms. Thallin has proved efficient as an antipyretic, without unfavorable effects. If typhoid really depends on the presence of bacilli, the therapeutic indication is to check their growth; this is the basis of the antiseptic treatment. The advocates of this plan claim a lower rate of mortality, and shorter average duration in cases treated by salicylates and similar antiseptics. Bouchard advises general antiseptics with calomel and intestinal with iodoform and naphthaline. Randot uses small doses of corrosive sublimate, thinking it may possibly neutralize the toxic substances in the blood.

The medium of a symptomatic and sustaining treatment with antipyresis, as required to keep the temperature within moderate bounds, appears to offer the best results in our present state of knowledge. The force of the disease in typhoid spends itself on the special lesions, but no organ is exempt from the general complication. Any or all of the functions may be disordered, and the special symptoms that arise should be treated in accordance with general therapeutic principles. Flint says of the mineral acids, "they should always enter into the treatment, as they in no wise conflict with other therapeutic measures." The tympanites, frequently so troublesome a symptom, is best controlled by turpentine, which, in the language of Loomis, "is our most reliable agent" for its relief.

Intestinal hemorrhage, occurring early, merits little attention as a rule, but in the second or third week is a very grave complication; perfect quiet and rest in bed until convalescence is established should be the rule. Loomis speaks with but slight commendation of the use of astringents, and strongly recommends opium and turpentine for its control; Von Ziemssen, too, advises opium and hypodermic injections of sclerotic acid in water, one to five, every half hour. Diarrhœa, like hemorrhage, is of less significance at the start than later in the disease, and opium in some form is again our main reliance. Delirium and other nervous symptoms, if extreme, should be controlled; the bromides alone, or in combination with chloral, are indicated. As Wood, however, states that chloral is a direct depressant to the heart, it should be used cautiously; in my own practice the nervous symptoms have almost uniformly yielded to antipyrin in ten or fifteen grain doses. Cardiac weakness is a dangerous symptom, and should be treated promptly; Von Ziemssen uses camphor hypodermically in olive oil. Da Costa recommends cocaine hydrochloride in one-fourth to one-half grain doses, hypodermically, every two hours; its effects should be carefully watched at the outset. Of digitalis, Wilson says "it is inadmissible when the heart is feeble." Others, however, believe that small doses of digitalis are the best of

heart tonics, and in this opinion my own experience would lead me to coincide. When heart failure is threatened, if at any time during the fever, alcoholic stimulation is indicated. In the words of Da Costa, "give alcohol when the first sound of the heart is wavering, uncertain or suppressed, or when there is muscular tremor and delirium, and these symptoms are rapidly relieved."

The question of stimulants in typhoid is still an unsettled one. Opinions differ concerning the merits of alcohol in this disease. It is said to be a food by some, by others to increase the vital powers, and that it reduces temperature still others maintain; there may be truth in all these claims to a certain extent. It should be used judiciously, not indiscriminately. As Loomis says: "Never give a patient stimulants simply because he has typhoid fever." Its rational use is certainly not contra-indicated, and given at a critical time may be a valuable aid to a patient's recovery. To the amount of about four ounces in the twenty-four hours, and given in small doses, it is decomposed and oxidized like any other carbohydrate; more than this, is as a rule eliminated unchanged. The position of Austin Flint is, "that, as the oxidation of alcohol necessarily involves the formation of water and limits the destruction of tissue, its action in fever tends to restore the normal processes of heat-production, in which the formation of water plays an important part." Semmola has recently recommended as a drink in fevers glycerine well diluted, and it is possible this may act in a similar way, as chemically glycerine is a tri-atomic alcohol. Diet is an important element in treatment, as are also quiet, good nursing and ventilation. Osler thinks the routine of a restricted diet under the watchful care of an intelligent nurse the best plan to follow. The ideal quantity of nourishment is that which wholly supplies tissue waste. We should try to reach this as nearly as possible, feeding the patient according to the recognized effect of the food given rather than theoretically. Water should be allowed freely and frequently. The intestinal lesions of typhoid are the direct cause of the imperfect assimilation so characteristic of

this disease; the thirst causes a demand for fluids, and the diminution or change in the digestive secretions shows that the food should be liquid and as easily digested as possible. Acidulated drinks, meat broths and milk are indicated. Mary P. Jacobi recommends gelatine as of at least temporary value in nutrition. The various meat and peptone preparations may also be given. Some object to the large amount of milk given by Loomis and others, Von Ziemssen seldom giving more than a pint in the twenty-four hours. Fats are not well borne and should be avoided.

We occasionally meet sudden death from obscure causes in this disease. De Wèvre estimates the proportion of sudden deaths in typhoid as four per cent. of all fatal cases. This form of death is a special accident of typhoid, is closely associated with the anatomical changes peculiar to the disease and can be seldom anticipated. De Wèvre states that it occurs in one of three ways: from one of the more common causes, as hemorrhage, embolism or perforation; from uræmia due to the nephritis, or death may ensue from a special localization of the infecting principle upon the pneumogastriacs.

Here, perhaps, should be noticed the question, first asked by Wilson two years ago, as to the advisability of surgical interference in the abdominal complications of typhoid. Morton finds but two cases in which this course was followed: that of Bartlett in England and Küssmaul in Germany. Both operations were for perforation, and both patients died. About one per cent. of cases in adults perforate, and the accident usually occurs between the beginning of the third and the end of the fifth week. It may be produced by imprudence in diet, muscular exertion, and occasionally by entozoa. The two conditions in which a laparotomy might possibly benefit are perforation with intra-peritoneal extravasation, and rupture of an abscess from any cause into the abdominal cavity. As to the method of dealing with the bowel Morton says: "The order in which I should suppose the operations valuable would be stitching by Lembert's method, resection, and lastly artificial anus." Wilson makes the statement,

“that the courage to operate will come from the knowledge that the only alternative is the patient's death.” In the words of Flint, “Peritonitis from perforation is almost certainly fatal.” With this almost hopeless statement from so distinguished a clinician, it becomes a question whether we should not offer a patient a chance, however slender, that promises a possibility of success. Pregnancy does not materially affect the prognosis of typhoid; according to Savidan, abortion is caused by the fever in two-thirds of the pregnant cases; it is probable, however, that this is a higher proportion than we find in practice in this country. In typhoid relapses undoubtedly occur, perhaps are more frequent than in any other fever. They may be true from reinfection due to a secondary absorption of the poison, or false from imprudence in diet. As a rule, the relapse is shorter and milder than the original attack, and Loomis states that they are much more frequent in cases treated with cathartics in the first week of the fever. According to Da Costa there is a form in which a portion of the poison appears to remain latent for awhile, the relapse beginning during the second or third week of convalescence and is not preceded by the prodromic symptoms of the primary attack. Murchison, Wunderlich and MacLagan report second and even third relapses. In addition to the typical forms of typhoid, we meet the atypical cases, which, as classified by Wilson, are (1) mild typhoid, (2) abortive typhoid, (3) typhoid of childhood, (4) typhoid of the aged, (5) cases of febrile intestinal catarrh and (6) cases of afebrile intestinal catarrh. That mild cases and cases with a low average temperature exist, we know. The assertion of Wunderlich made twenty years ago, that if the evening temperature does not reach 103° Fahr. we may exclude typhoid fever, has been disproved by Liebermeister, Wilson and others, who state that no matter how low the elevation in the fastigium, the disease may still be typhoid.

Some extremely severe cases have been reported by Fräntzel and others, in which the temperature was for the greater part of the time subfebrile, and at times even sub-

normal. The temperature may be so low that without the thermometer fever would not be detected, yet the case may throughout possess the typhoid character. As death occurs occasionally even in the so-called "walking cases," danger may be present in those apparently the mildest. The term abortive typhoid is regarded by some as a misnomer, but that such cases exist, there can be little doubt. The disease may have a high temperature at the outset, delirium and diarrhœa be present, and yet by the end of the second week the fever disappears and convalescence follows. Cases of this nature in which death occurred have shown the characteristic lesions and so verified the diagnosis. A small amount only of the poison may be taken and absorbed by the lymph follicles of the ilium, and so a mild or abortive case result. The resistant power of the individual also, may be a factor in the production of this type. The typhoid of children differs but little in course and character from that of adults, and the line of treatment is essentially the same. The prognosis, however, is more favorable. Typhoid of the aged is less favorable in prognosis and is comparatively rare.

Prophylaxis merits attention in connection with this disease. The fact has been clearly ascertained that typhoid fever is preventable, and every possible precaution to avoid or avert it should be taken. The theory of a special germ, whether true or not, offers the best working line for its prevention; as every case is derived from a previous one, thorough disinfection is necessary to arrest its extension. That contaminated water supply and deficient sewage bear a causal relation to it, has been frequently proven. Defective sanitary arrangements allow the sewage emanations to enter the air or water used by the patients; sewer gas itself will not produce typhoid, unless it contains the specific germs, but it is a strong factor in producing the "typhoid state." The best remedy is to thoroughly disinfect the water-pipes and traps. Disinfectants destroy disease germs, while deodorizers simply destroy or mask odors, and antiseptics arrest putrefactive decomposition. Many articles commonly used as disinfectants are, strictly speaking, not such, and when used give a

false sense of security. Sulphate of iron and chloride of zinc are two agents frequently used, which are good antiseptics but have little power over the germs of disease. In the words of Sternberg: "Disinfection consists in extinguishing the spark, killing the germs, which may light up an epidemic in the presence of a supply of combustible material—filth." He strongly recommends bichloride of mercury 1 to 1,000 as a disinfectant and 1 to 15,000 as an antiseptic, and suggests for use a concentrated solution of bichloride of mercury four ounces, sulphate of copper one pound, and water one gallon. This is to be diluted eight ounces to a gallon of water, and a quart of this solution used to each dejection and allowed to remain four hours. The solution is decomposed by lead, tin or copper, and should not be used in vessels of these materials. Carbolic acid has been found efficient in five per cent. solution for excreta and in two per cent. solution for clothing. The disinfection of the excreta should be careful and complete. The bed clothing should be immediately placed in boiling water or in a solution of bichloride of mercury 1 to 2,000 and kept there for four hours. The outer clothing should be steamed for half an hour.

Wiltshur finds that boiling water in two to four times their volume will kill the bacilli and their spores, and recommends this agent to destroy them in the stools. If there is any suspicion that the water supply contains typhoid poison, it should be rejected or boiled before being used: An impure water is not necessarily unwholesome, and, as is well known, running water will, to a certain extent, purify itself. The organic matters containing nitrogen become oxidized by the air and are changed into ammonia, which is volatile, or into nitrates, which are comparatively harmless. The special germs of the infectious diseases, however, appear to be less susceptible to oxidizing influences, and, as the germ of typhoid is very tenacious of life, simple exposure to the atmosphere, even for a long time, will probably not destroy its vitality or virulence.

Prudden found that the typhoid bacilli were capable of growth after having been frozen for one hundred and three

days. Water in freezing becomes nearly pure ; in passing into the crystalline form it eliminates all it held in suspension and nearly all it held in solution. Melted ice then furnishes a comparatively pure water ; but that it may be a bearer of the bacilli, and a possible source of typhoid, the experiments of Prudden prove. Milk may possibly be a medium of infection either by direct dilution with polluted water or from being kept in vessels washed with the same. If any doubt of its purity exist, it should be boiled before being used. Hygienic conditions and sanitary surroundings diminish the probability of the entrance of this disease. Ventilation, free drainage and a pure water supply are essentials in its prevention.

A CASE OF DYSENTERY COMPLICATED WITH SUPPURATION OF THE RIGHT PAROTID GLAND—DEATH.

BY J. S. BUTLER, M. D., NORTH RIDGEVILLE, O.

I report this case on account of the complication, judging it a rare one, for in searching what literature I have at my command, I find mention made of it only by James T. Whittaker, M. D., in Pepper's 'System of Medicine.'

Edna P., aged one year, ten months, September 10 was seized with severe rigor, elevation of temperature, with diarrhœa following. Second day tormina, tympanites, tenderness of bowels, severe tenesmus and the characteristic bloody muco-purulent discharges, with extreme prostration, pulse wiry and 160 per minute, temperature 103.2 degrees. Third day vesical tenesmus developed. These symptoms continued until the eighth day with no abatement. One day of this time the discharges numbered as high as fifty. The fifth and sixth day there passed complete intestinal tubular casts from two to six inches in length, and from the sixth day until the twelfth necrosed shreds, with much more muco-purulent *débris* than at first, and of a very disagreeable odor. After the eighth day the violence of the symptoms

commenced to improve, and continued to subside until the twelfth day. Upon this and the succeeding day the temperature was nearly normal, pulse 120 per minute, when unmistakable symptoms of sepsis developed, and suppuration of the parotid gland soon followed. Marked cerebral disturbances, with restlessness and sleeplessness, continued from now on, until the morning of the twenty-seventh, at which time I could detect fluctuation just below the lobule of the ear, and dissecting carefully, evacuated two to three drachms of pus. This gave decided relief to the restlessness, and in a few moments after the pus cavity had been irrigated with a warm solution of bichloride and an iodoform dressing applied, the little patient was asleep. She was awakened every hour and a half to be given nourishment and stimulants until two o'clock A. M. of the twenty-eighth, when it was impossible for her to partake of any more, and at five o'clock of the same morning she died of asthenia, twenty hours after the abscess had been evacuated. I attribute the causation of the abscess to the absorption of necrosed and putrefying tissues in the intestinal tract.

Now a word about the treatment. A liquid and nourishing diet throughout and stimulants in the last half of her sickness were insisted upon. The bowels were emptied with a cathartic and opium, ipecacuanha and salol prescribed internally; externally, warm flax-seed poultices, with a few drops of spirits of turpentine sprinkled over their surfaces. These were discontinued at the beginning of the fourth day, and the abdomen swathed in flannel, also large doses of bismuth subnit. were substituted for the ipecacuanha; on the eighth day the doses of opium were gradually lessened. In addition to this the bowels were irrigated alternately with 1-10,000 bichlor. and alum 13 to the pint of water, though soon stopped, as I was convinced that the irrigation was of no benefit. The reason I will point out farther on. These measures, directed to the dysenteric trouble, relieved the tormina, tympanites and tenesmus, diminished in frequency and improved in character the stools. In general, the severity and gravity of the symptoms had subsided; but,

notwithstanding this, the remedial agents did not sterilize nor prevent the absorption of a highly septic matter produced by decomposing necrosed tissue in the intestinal tract, and which caused a grave complication resulting in death.

It is not my purpose to discuss the relative merits of this or that treatment, but it seems reasonably certain that in those severe and grave forms of this disease in which there is much decomposing necrosed tissue in the intestinal tract, and antiseptic irrigating fluids per anum fail to reach, sterilize and make harmless their absorption into the blood current, and at the same time we are administering per orem anodyne, protective and antiseptic remedies, the latter of which we find inadequate to the sterilizing and destruction of putrefaction, perhaps it would not be improper to look over this subject of treatment and see if we cannot find something which alone or combined with those remedies commonly used will meet with better results. I believe irrigating fluids do, in those cases in which we need them, the least good. It has been my experience that in those cases in which there is severe tenesmus there is always an excessive hyperæsthesia of the muscular fibers of the bowel, which will not tolerate even the most slowly and gently injected fluid, and when it is attempted there will be instantly a clonic and painful spasm and the fluid ejected. In most cases after the tenesmus has subsided the hyperæsthesia will still remain and can be easily demonstrated by attempting an injection. In those cases of mild or moderate severity in which excessive hyperæsthesia is lacking, irrigating fluids will be of benefit, but these are the cases in which they are the least needed. The various antiseptics per orem, on account of the bounds of safety, are illy tempered to have much of a destructive effect upon these putrefactive germs. Were they more concentrated, our remedies would be more effective, but where diffused over so broad a surface they fail, due to their dilution. They are about as effective as when used in the steam atomizer by the surgeon, which may be compared to shooting into a flock of blackbirds with a shot-gun. You may kill a few, but the most of them fly away.

Many noted authorities recommend the treatment of this disease by administering a saline cathartic before the disintegrating process, which takes place in the mucous membrane, has begun, but I find none that mention such a procedure after it is finished, when the canal is filled with septic matter. Undoubtedly this may be a bold and hazardous undertaking, one that would produce extreme prostration and even death. One familiar with the pathology of dysentery can readily imagine what an eruption there might be as the result of pouring a saline into such a purulent crater as the intestinal tract is in this disease. And then, again, one might imagine it all flash, and if not meeting a reversed peristalsis would rapidly and effectually remove a danger with which other remedies were ineffectual. It is apparent to all that we have to deal with a dangerous and decomposing *débris*, but there is a question connected with it, viz.: Would the shock and prostration following be a greater danger than that we have on hand?

Happily the country physician does not meet with many severe cases of bowel trouble, and such a question does not often arise, but should I now meet a severe case, I should certainly give a saline cathartic—preferably the sulphur magnesia—as soon as decomposition of the necrosed tissues commenced, using this as an indication for its use, and by experience decide if the dangers be the same or one less than the other. I believe that the theory is correct. The mortuary tables of large cities show many deaths of cases reported as entero-colitis, in which undoubtedly there is the same train of symptoms and results as in the case I report, though the same complications may not be met; often the little patients die of asthenia, the result of dysenteric first, and then of septic poisoning; and if the latter could be prevented there would be more recoveries, and the tables show a better record as to recovery from bowel troubles during the summer and autumnal months.

Here is a field for investigation and research almost as interesting, and with an opportunity of saving more lives than that in a “new method” for oöphorectomy or cæsarean section.

REPORT ON PROGRESS IN NERVOUS DISEASES.

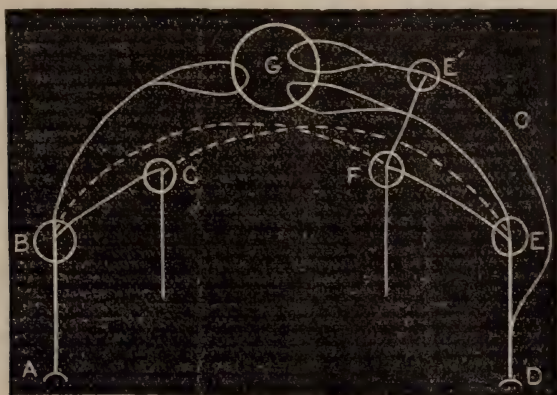
BY H. S. UPSON, M. D., CLEVELAND, OHIO.

As this is the first report on the progress in nervous diseases which has been made to the society, it will hardly be practicable to cover the whole field. I therefore think it best to give as complete an account as I can of the present state of our knowledge in certain directions. Even this in a paper of the present limits must necessarily be fragmentary. In classifying nervous diseases we may divide the nervous system into three parts—the brain, the spinal cord, the peripheral nerves. It has been determined that the nerves have a definite function, that of conveying impressions to the ganglia and commands to the muscles, and separate nerve fibres are specialized, being either motor or sensory. The spinal cord has many tracts of fibres, serving special purposes. The function of some of these has been determined, so that it is a matter of every-day occurrence to locate disease in one tract or other from the symptoms presented. These tracts run to, or come from, definite parts of the brain; but in this most highly developed part of the central nerve axis the mass of fibres running in all conceivable directions is so great, that the problem of location of function, comparatively simple in the cord, is one of the greatest difficulty. This subject has attracted an increasing amount of attention from the profession. The first progress in this direction was made in 1861, by Broca, who located the faculty of speech in the left third frontal convolution. His observation was confirmed by a number of autopsies on patients who, during life, had been aphasic. It has been clearly shown that destruction of the posterior part of the left third frontal convolution and island of Reil causes loss of the power of articulate speech. But it was soon noticed that speech may be disturbed in different ways, by lesions in various parts of the brain. Aphasic patients vary much in their capability of understanding spoken and written words, and of writing, either as an expression of their own

thoughts or from dictation. It is clear that any theory of language as a function of brain must take into account these phenomena. The association of the reception and production of language with the ear, eye and articulating organs is not innate, but accidental. Thus deaf-mutes converse with their fingers. The celebrated Laura Bridgman received her education solely by the sense of touch.

The first complete theory of language was attempted some years ago by Kussmaul. The greater part of his scheme has since been confirmed by observation.

The centres concerned in the reception and expression of language are of two kinds, sensory and motor, and these different centres are intimately connected together by communicating fibres. The processes which take place during the act of speech probably vary much in different persons, but reduced to simple terms are something as follows: Sound waves strike the tympanum A, and a sensory impression



is conveyed along the auditory nerve to the auditory receptive centre B. Connecting fibres carry it to the motor speech centre C. A motor impulse travels thence to the organs of articulation, and the words heard are repeated. Again, we see written language. A nervous impression travels along the optic nerve from the retina D to the visual receptive centre E. Connecting fibres carry the impression to the motor centre for written speech, F; an impulse is carried to

the muscles of the hand, and written speech is produced. But we are able to write what we hear, and repeat verbally what we read. Hence there must exist communications between the auditory receptive and motor articulatory centres, and the optic receptive and motor centre for the hand, respectively. Now, when we hear words, we may or may not understand them. If we do understand them, it may be through the intervention of an idea centre, or part of the cortex by which the appropriate meanings are attached to words. If this is so, and it is as yet pure theory, we must introduce into our scheme an idea centre, connected by fibres with both the auditory and optic receptive centres.

The cortical centres then, to which run the fibres of the nerves of special sense, are conceived as made up of ganglion cells, which receive impressions and transmit them by means of fibres which run in many different directions. The particular fibres selected for use in any given case are determined by lines of least resistance, which exist as a result of habit or education. But this is not the only use of the ganglion cells. They are also repositories where are stored up memories of sensory impressions and motor acts of the past. So that we must conceive memory, not as formerly, as a single faculty possibly resident in one part of the brain, but as consisting of several parts, located in widely distant portions of the cortex. Thus in thinking of, for instance, a cat, we remember first, the animal, second, the appearance of the word cat as written or printed, third, the sound of the word; these are all sensory memories; fourth, we recollect the movements of the articulating apparatus necessary to speak the word. This is a motor memory.

These different memories are located in different parts of the cortex. How many of these must necessarily be intact, in order that a given person should be able to speak the word cat? This probably varies somewhat in different persons. We have no evidence that all persons remember things in the same way. Thus in an interesting case given by Charcot, which I will cite later, the patient had been in the habit of recalling almost everything by his

visual memory. I think that you will all agree with me, from experience, that one of these kinds of memory may sometimes alone be lacking. Thus, we may remember an object perfectly well, and be for a time unable to recall its name. Or we may have a name in our minds, and be unable for a time to associate it with its corresponding object or idea. In learning a foreign language we may learn to read it fluently, and yet be unable to understand it when spoken, or be compelled slowly and laboriously to recall the visual image of the words, thus by connecting fibres substituting the trained visual for the untrained auditory centre.

But to return to our diagram. The centres already filled in have to do with words and their meanings only. But the fibres of the optic and auditory nerves connect also with ganglion cells, where are stored memories of other things seen and heard. We will represent these fibres by optic fibres running in the line O, to the centre \dot{E} . This centre is connected with the idea centre and with the receptive centres B and E. Thus, when we see an object, a cat, *e. g.*, the impression is carried to \dot{E} , connected with its appropriate idea and with its name.

Of how many of these centres do we know the probable location? The optic receptive centre is probably located in a part of the occipital cortex, the auditory receptive centre in the first temporal convolution. The motor articulatory centre is undoubtedly situated in the left third frontal convolution. The centre for written language is doubtful. The idea centre is as yet theoretical.

I can only allude to the so-called motor centres, situated in the anterior and posterior central convolutions, disease of which causes localized convulsions, loss of power, with increased reflex and loss of muscle sense. Anything like an argument to prove the existence of these cortical centres would require much more time than I have at my disposal. I can simply ask your attention to a few of the clinical facts lately recorded which tend to prove their existence.

Charcot publishes in 1887 the following remarkable case

of loss of one of the sensory memories: M. K., a business man of more than ordinary intelligence, is familiar with German, French, Spanish and the Greek and Latin classics. His father, a professor of oriental languages, has a remarkable memory, and his son, aged seven, is exceptionally gifted in the same way.

The patient's memory, more than ordinarily retentive, was peculiar in this: it was almost entirely visual. He has always been able to recall with great exactitude faces and places which he has once seen. If he wished to recall a piece of poetry, figures, dates, the printed characters always rose before him. In thinking of an interview his mind gave him a minute picture of all the personages connected with it. He has been able to sketch well, from nature and from memory. On the other hand, his auditory memory was comparatively neglected. A year and a half before he was seen, he was subjected to a good deal of excitement and anxiety. The reason for this passed away, but the depressed mental condition remained. Rather suddenly one day the patient was conscious of a profound mental change which had occurred in him. He feared at first that he should become insane, but was reassured on this point, when soon after he made the discovery that the change was due to an almost complete loss of his visual memory. Every time that the patient returns to his native village, the streets look strange to him. He is completely lost in them, and does not become familiar with them for some time. The features of his wife and children are always new to him. When he is absent from them he is entirely unable to picture them to his mind, although he can give a verbal account of their attributes. Thus he says he is perfectly aware that his wife's hair is black, but he cannot recall in the slightest degree what that looks like.

Asked to draw a man's face, he makes a very rudimentary profile, and confesses that he is aided by looking at the faces of those around him. Objects in his native town he is entirely unable to sketch from memory. The few quotations which he remembers are recalled by the sound of the words. In short, his visual memory is practically wanting, and the

patient is dependent on his auditory and other sense memories.

Charcot gives the following case: The patient, a man thirty-five years old, of moderate intelligence, the proprietor of a millinery establishment, was able to read and write fluently, but was in the habit when reading of forming the words with his lips. For the last fifteen years has been subject to attacks of migraine three or four times a month. Was otherwise healthy until one day, some months before the examination, At this time, while hunting, he suddenly became unconscious, and fell to the ground. On recovering consciousness the next morning the patient had right hemiplegia and paraphasia, *i. e.*, he could speak, but substituted one word for another; *e. g.*, he said, I have a hand in the sun. He could not tell his own name, nor that of his wife. In about three weeks the paralysis and paraphasia had passed off. At this time the patient wrote a letter. Wishing to change a sentence in it, he asked to have it again, and was surprised to find that he was entirely unable to read it. The same was true in equal degree of printed matter. A little later it was discovered that he had also right hemiopia. The patient had not lost the visual memory for objects, but only for words. He could remember, for instance, how the streets of Paris looked, and could find his way about in them. When he is given a word to read, he is unable to do so at first, but with a good deal of difficulty, by tracing out the lines with his finger, he is able to make it out. This is a considerable improvement over his condition on reaching the hospital.

Laquer of Frankfort reports the following case:

Eva M., peasant, age seventy-three.—Until her present sickness industrious and of average intelligence. No specific history nor nervous diseases in the family.

On October 29, 1886, patient suddenly became unconscious. The attack passed off without convulsions in a few minutes, without leaving paralysis or other nervous symptoms. Nine days afterwards she had a second attack while in church, was carried out, and had at that time paralysis of the right arm and leg, which passed off in twenty-four hours.

As soon as the patient recovered consciousness, her friends noticed a speech defect, which they interpreted as beginning insanity. On November 12 the patient was examined, and in December shown to the Frankfort Medical Society. Her condition was found to be as follows: Patient, although slightly hard of hearing, reacted to noises of various kinds, turned to whoever spoke, turned her head quickly at a clapping of hands, etc. She was unable to understand what was said to her. During the first part of her illness she did not even understand simple orders, such as, shut your eyes, put out your tongue, sit down, etc.; these simple things she afterwards learned imperfectly. When asked questions, she answered with a jargon made up words, some of which were of her own construction. None of her answers showed that she at all understood what was said to her, *e. g.*: What's your name? Yes, pen, hand. Where do you live? Yes, stupid pen. Have you a good appetite? But I must give a pen, etc. Patient had only learned to read printed matter; after her attack was unable to do this.

To the Frankfort Society Dr. Laquer gave the following opinion: "Since the diffuse brain symptoms which accompanied the attacks were so small, the lesion in this case of aphasia is probably not a large hemorrhage, but occlusion of a vessel, with softening, namely, in the cerebral cortex. This has at any rate left Broca's centre intact, and we must consider that the first temporal convolution is destroyed—to how great an extent and how much of the neighboring tissue is involved, I do not venture to say. This anatomical lesion would, at least according to our present knowledge, fully explain the sensory aphasia with paraphasia, whose existence we have had an opportunity to observe in the preceding demonstration."

The autopsy by Rieder and microscopical examination by Weigert showed in the left hemisphere the frontal lobe, central convolutions and third frontal convolution, normal. In the anterior part of the cortex of the first temporal convolution was a patch of softened tissue, and in the posterior

third a smaller one, the two being connected by softened tissue in the white matter under the cortex of the remaining part of the convolution. There was another patch of softening as large as a dime in the occipital lobe. The right hemisphere was normal.

Farges (*L'Encephale*, 1887, No. 5) puts on record the case of a woman, fifty-three years old, who, in consequence of an apoplectic stroke, became almost entirely aphasic, *i. e.*, she spoke a good deal and spontaneously, but used very few words, and put strings of syllables together in an incoherent way. Examination showed word-blindness and word-deafness. As soon, however, as the patient took anything in her hand she called it by its right name; that is to say, the sensory centres A and B were destroyed, the motor centres and the receptive centre for touch were intact.

Bennett (*British Medical Journal*, February 18, 1888) gives the following case: Man fifty-two years old, healthy in appearance; left hemiopia; optic discs on both sides rather gray; understands and speaks very well; cannot read at all, except very short words, and then only by spelling them out like a child. *E. g.*, c-a-t cat, he reads and understands. Asked to read Constantinople, he gives the separate letters correctly, but can neither pronounce the word nor understand it. He writes correctly, both spontaneously and from dictation, but is unable to read his own writing. That is to say, the centre E is damaged, the other speech centres intact. These few examples must suffice for illustration.

The old distinction between ataxic and amnesic aphasia does not exist as far as the cortex is concerned (Charcot). All aphasia due to cortical lesion is amnesic, *i. e.*, it is due to loss of one or more kinds of memory, according to the location of the lesion. There is this difference between aphasia of cortical origin and that due to lesion of the internal capsule, or of the medulla. In purely cortical aphasia there is never a blurring of the separate sounds or stammering. These latter symptoms always, when due to organic disease, indicate a lesion of the coördinating centres for speech in the medulla or basal ganglia.

THE MEDICAL SOCIETY AS AN INSTRUMENT OF PRECISION FOR DETERMINING FACTS IN CLINICAL MEDICINE AND THERAPEUTICS—A SUGGESTION.*

L. B. TUCKERMAN, M. D., CLEVELAND, OHIO.

Those who have been constant in their attendance on the meetings of the Cuyahoga County Medical Society, and who have exerted themselves to make its sessions interesting and profitable, have much ground for congratulation in the substantial progress toward permanency which the society has made during the last four or five years. We have a regular place of meeting; in the journals which the society is taking and keeping on file we have the nucleus of what will be a valuable medical library; and, in that change in our by-laws whereby questions of ethics are settled by a committee without being brought before the whole society, we have removed a fruitful source of discord.

While, however, we have all these causes of congratulation, the fact remains that the attendance on the meetings of the society and the interest in its proceedings are not what they should be in a city of two hundred and fifty thousand inhabitants, with upwards of three hundred regular physicians in active practice.

Of course, it is easy enough to charge this to the apathy of the general practitioner—to say that he lacks *esprit du corps*, etc.; it is easy to accuse the bulk of practitioners of being more interested in the bread-and-butter aspects of the profession than in its scientific and ethical phases; but, on the other hand, the general practitioner is not usually apathetic about those things which he feels to be necessary to his professional success, and if, as is the case, he does not care enough about these meetings to attend them, it is because he does not feel that it is worth his while, or, as I have often heard it expressed, "I can put in my time more profitably staying at home and reading my journals."

Read before Cuyahoga County Medical Society.

The question then of interesting the medical profession of Cleveland in the Medical Society of Cuyahoga County resolves itself into the question of how can we make active membership in this society such an aid to the professional success of the practitioner in Cleveland that he shall feel that he cannot afford not to be an active member? How can we make its sessions so valuable in contributing to that stock of knowledge which he needs in his every-day practice that he shall feel that he cannot afford to stay away from its sessions to read journals? How can we make it an instrument of original scientific research, whose investigations every reputable practitioner shall be glad to contribute his share to, and whose results shall be accepted as a basis of sound practice? It is with a view of suggesting some work in this line that this paper is written.

In the last debate to which it was my pleasure to listen in this society, viz.: the one on chlorosis, I was struck by the fact that apparently the term chlorosis did not embody the same *concept*, as the logicians would say, in the mind of each speaker—to one it meant one thing, to another a shade different, and this different meaning which the term conveyed to the mind of each one hearing it, as well as to each one using it, vitiated to a certain degree the whole discussion. The same thing is true to a greater or less extent of most of the terms we are habitually using in our nosological nomenclature. Take, for instance, typhoid fever. The so-called “typical form” of the books is clear enough, but, so far as I can learn, it is a type which is but rarely seen here. There are certain questions with regard to the type of continued fever which is prevalent in this city which I, for one, would like to see answered, as, for instance: In what respect does it vary from the clinical type laid down in the books? What are its most frequent complications? What is the method of treatment used by the members of the society? These are questions which no individual practitioner can answer, for the simple reason that cases enough do not fall into the hands of anyone, even the busiest, to form the basis of a reliable generalization. But if this society had a standing com-

mittee on practice of medicine, and that committee should issue to the members of the society blanks on which each member should keep a full clinical record of each case of continued fever occurring during a single summer and fall, the committee could, by collating these records, give reasonably definite answers to the above questions. There would then be on record for this city a clinical type recognized as such ; its leading varieties ; the name by which it should seem most proper to denominate it, and one of the chief causes of the proverbial disagreement of doctors would be removed—one doctor would not be calling it typhoid, another typhomalarial and still another something else.

The other day I was in search of a substitute for digitalis which would produce the same tonic-sedative action on the heart, but which would not cause the same disturbance of the stomach—a disturbance which, in this case, counteracted whatever was gained in the matter of regularity of the heart's action. I thought hopefully of strophanthus, but when I came to look over what was written on the subject that I could get hold of, I found absolutely nothing on the very point I was chiefly anxious to know about. I inquired of my fellow-practitioners as I chanced to have opportunity, and likewise with a negative result. Now if there were in this society a standing committee on materia medica, any new remedy which is being brought before the profession could be referred to that committee for investigation and report. The committee could prepare a brief circular stating what is already known about the drug, the indications for its use and the respects in which advantages are claimed for it over such other remedies as are now used to produce the desired effect, coupled with the request to give the drug a trial should an appropriate case occur, and to note especially those subsidiary effects which are the make-weights in determining the choice of one drug over another of the same general class. This circular could be sent to each member of the society, his observations returned to the committee, and the clinical value of the remedy could thus be rapidly and certainly settled—the profession of Cleveland could by its

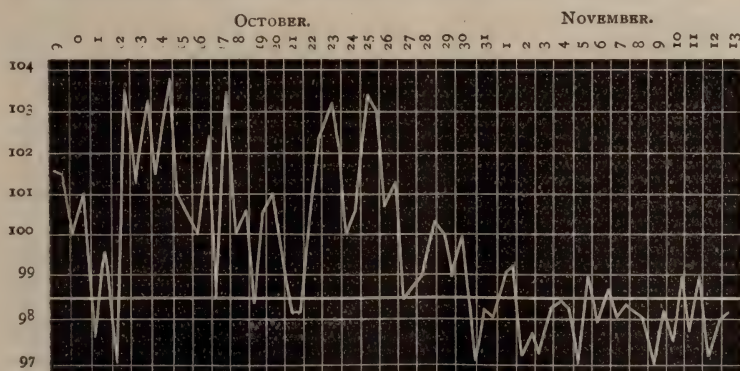
own independent observation promptly and positively make up its mind what a new remedy would do and what it wouldn't.

One of the things that hampers us as general practitioners in the early years of our practice is, that we are dominated to so large an extent by the ideas of hospital practice and the conclusions of hospital statistics. This is not said in disparagement of hospital teaching, nor to throw discredit on the validity of conclusions drawn from hospital statistics. Both are excellent so far as they go, and, furthermore, they are practically all we have so far, but they need to be supplemented by evidence from another source, viz.: the field of observation of the general practitioner; and if this brief paper shall arouse discussion as to the best means by which this rich mine can be effectively worked and its treasures made available to the profession, the purpose of the writer will have been fully subserved.

ANOMALOUS CASES OF TYPHOID FEVER.*

BY PROFESSOR W. J. SCOTT, CLEVELAND, OHIO.

GENTLEMEN :—To-day I desire to present to you this patient with a most remarkable fever, cured, as you will see by this record, which has been taken twice a day.



* Taken from a clinical lecture at Charity Hospital, Monday, October 5, 1888.

This is not a record of a typical case of typhoid fever. The most of the cases which we have had this fall have been more or less irregular, not only in the course of the fever, but in the absence often of some of the most common symptoms—the absence of, or only slight, diarrhœa, without the accustomed tympanites. They have had the nervous disturbances, generally with the debility and the characteristic rashes. The most anomalous condition is the temperature. This man came in with a temperature of 105° F. He had twenty grains of antipyrin, and next the temperature was 96° F. It went up again 104 +, and went down without any antipyretics, and the defervescence was as complete without any antipyretic. As see by the diagram, these



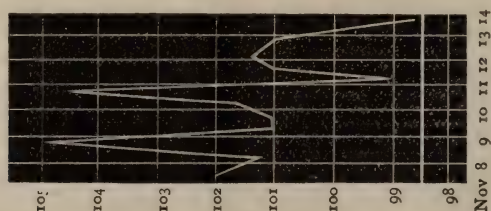
irregularities have frequently occurred. He has been delirious and greatly prostrated, so much prostrated and comatose so that on two occasions we gave him digitaline and brandy hypodermically for a time, and after that by the mouth. He is now so far better as, barring some accident, he will recover. Several of the cases which I have shown gave these general characteristics. The German boy which you saw on Saturday, with an engorgement of the lungs and rapid breathing, has much improved, by free doses of carbonate of ammoniate and whisky, and frequently changing his position from side to side and from side to back again. This attention probably did as much good as the medicine, or even more good.

Some of these cases have been given naphthaline as an antiseptic and for tympanites—I think with advantage. Others have had salol for the same, and, as I think, with about equal advantage. Failing with these, I have gone back to the old and, as I believe, good remedy of turpentine emulsion, which, by the way, has been shown to be about as good a germicide as any of them, so that we have been using a remedy which now falls in with the present theories, and has a good clinical reputation.

From the figures which I show you here you can construct a fever, having a chart, at any time. While attending private cases, it is well for reference to daily keep such a record or have the nurse do it. If you refer to your books on practice, you may see that the fever has, as it has been described, something like a uniform rise and fall from day to day. Some of these cases look more like what has been called relapsing fever, but wanting some of the characteristic symptoms. The cases from the stone quarry at Collamer have been relapsing.

I have seen some cases in the country which have had this form pretty well marked. One of the cases in which I assisted at a post-mortem examination, we did not find the characteristic lesions in the small intestine, although the patient had been sick thirteen weeks. The question as to the cause of these sudden exacerbations has been raised, Are they produced by the excitation of what has been called the calorific centres? This hypothesis seems to me very problematical. Is there an auto-infection by the generation of a poison in the system? This seems to me a more rational theory. If so, the conditions should, if possible, be avoided. If the increase of poisonous germs is the cause, then medication to prevent their growth should be followed until the danger is past. There are several agents which no doubt act in this way, as naphthaline, which is persistent and continues some time after administration; salol, turpentine and, in some conditions, mineral acids. Clinical experience long ago showed that the use of mineral acid in convalescence is a good remedy for hastening improvement.

From what we have seen here, we have a new fever or some anomalous condition grafted on the old fever. I have been thinking these cases are anomalies. I do not know that any post-mortem examinations have as yet been made, which might have aided in settling the pathological anatomy as to difference, if there is any. I have seen four cases which had albuminuria; three of them have died and one is now apparently convalescent. I think that the general plan of treatment of these cases should not be very different from a regular typhoid attack. Is the condition confined to our locality? I think not. I have heard from localities at a distance where the same phenomena are present. The cases have a tedious illness and slow convalescence. The discussion of these phenomena will take much more time than I



have now. However, the management is a matter of the greatest importance. With a temperature at 105° F., an antipyretic will be indicated. In the beginning, quinia in antipyretic doses, ten, fifteen or twenty grains, may be given at once, especially if it has been a malarial complication, or fifteen or twenty grains of acetanilide. These doses should not be repeated frequently, for the reason that a remedy which is competent to affect the system in this way may, and I think often does, effect other changes, which are not the best for the patient. Some fever is not the worst thing which can happen to the patient. On the other hand, when the temperature is subnormal the condition is worse than when above normal, and needs an opposite management. If the heart is weak, give digitalis, carbonate of ammonia, whisky frequently, until the condition changes.

[NOTE.—The temperature charts accompanying this article are selected from ten or a dozen similar ones furnished us by Dr. Scott, and are typical of the peculiarities exhibited in the range of temperature in all these cases.]—EDS

CORRESPONDENCE.

The "Corners" is a paragraph town. It has several sub-corners from two to five miles distant.

It is a place where the CLEVELAND MEDICAL GAZETTE is not popular, because it has no receipts.

Ten years ago it was unattractive from a medical view, but to-day the farmers are financially able and physically malarial. Their appreciation of an M. D.'s aid is high, this educational condition being due to careful training given them by their present leading professional citizen. When he came to the "Corners" the book value of the section did not exceed fifteen hundred a year. Now, it is from four to five thousand—very good business.

This profitable gain is due to an extreme punctuality for all calls: important and unimportant; pathological or imaginary; by sunlight, moonlight or no light; through zephyr or blizzard. More than this, the leading resident physician can read his field. To the quantity drug-consumers he hands out roots, dry, by the pound, for a sugar-whiskey compound to be made each week.

He is urbane, but never urban. Neither nerve centres nor their products does he contend with, but flesh and blood of quantity, not quality. Were he to exchange places with some equally prosperous city physician, both would starve if dependent upon their fees.

One of the most frequent prescriptions, which he fills himself, is an unlimited amount of oral fabrication. Usually the condition calling for this is social. The mental peculiarity of the "Corners" enables a greater consumption of this sedative than some physicians could think possible. His most reliable friends are well keyed up, and he is an exceedingly skillful player. His library is well chosen and fair sized. The drug room contains the necessities for any year in this century. No new remedy escapes him, no old remedy leaves him. The instrument case is rich for common cases, and his frequent orders for individual attachments must go far toward the support of his dealer. As a physician he is practical. If I were in need of a brother's aid, he certainly would not be the last for me to hasten to my bedside. He would go at me as he would drive a nail, and his record praises his do-something principle. He is a fleshy, merry, hard-working money-maker. He's a study.

ORVICE SISSON.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. IV. begins with November, 1888. Subscriptions can begin at any time.

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All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

THE COST OF QUACKERY.

We are indebted to an article by Dr. Lundy in the Journal of the American Medical Association for the following statistics: "There are nine hundred fewer physicians, so-called, in Illinois at the present time than there were nine years ago, when the 'Medical Practice Act' was passed, and yet the population has increased almost a million during that time. Suppose that each one of these charlatans averaged \$2,500 a year, which is a low estimate, as many of them expended that much in printer's bills alone. Let us multiply this by 3,000, the number of quacks compelled to shut up shop in one year, and we have the sum of \$7,500,000 saved in one year. Let us again multiply this by nine and we have the enormous sum of \$67,500,000 saved the people of Illinois since the passage of the bill regulating the practice of medicine in the state."

We have called attention to the fact before that Ohio was becoming the dumping-ground for all the medical rubbish from the surrounding states. Thousands have come from Illinois on the west, Virginia on the south, Pennsylvania on the east, and Canada on the north, and still they come. While these and other states in the Union are drawing the lines closer, and driving out one class after another of these quacks and charlatans, Ohio is inviting them to come, and, with the exception of Maryland and Indiana, has a larger number of physicians, so-called, to the number of inhabitants than any other state or country on the globe, and bids fair to soon stand at the head of the list. Our city is flooded with magnetic healers, faith cures, Russian cures, catarrh specialists, electric cures, Indian doctors, cancer doctors, tooth pullers and all their ilk, who come with brass bands, hand-bills and posters, vying with the circus men in size and color. They distribute gratuitously large sixteen page newspapers devoted entirely to their interest. They rent and lecture in our largest halls, under the auspices of city officials. Their offices are elegantly furnished, and their waiting-rooms filled with "cappers," or persons who are hired to sit there and when a chance victim comes in to detail the wonderful cures performed (all mythical, of course), and yet 'our legislators do nothing, absolutely nothing, to protect the pockets, health and lives of our citizens from these miserable scoundrels, who are not satisfied to rob their poor, deluded victims of their hard-earned money, but rob them of life, health and happiness as well.

THE NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The thirty-seventh semi-annual session of this association was held at Toledo, Thursday and Friday, December 13 and 14. There were over one hundred members present, and the writer heard the remark made a number of times that the attendance was as large as at the last meeting of the State Society. If the papers and discussions of this meeting

were published in full, it would certainly make a creditable volume.

Dr. C. E. Beardsley of Ottawa was elected president, and Dr. Durbin of Woodville secretary for the coming year.

The medical profession of Toledo more than sustained their reputation for hospitality in providing entertainment for their guests. On Thursday evening a banquet was given by the members of the Toledo Medical Association. Dr. W. W. Jones presided as toast-master. Among the many toasts responded to were: "The Toledo Medical Association," by Dr. Duncan; "The Ohio State Medical Society," by Dr. Collamore; "The Medical Profession," by Dr. Baker of Cleveland; "The Bar," by Honorable E. D. Potter; "The Country Physician," by Dr. Kitchen; "Our Wives and Mothers," by Dr. Steeman of Fort Wayne, Indiana; "Our Patrons," by Dr. Chapman; "The Quack Doctor," by Dr. Jones.

On Friday afternoon at four o'clock the society accepted the invitation, given by Dr. Tobey, to visit the Toledo Insane Asylum. The remainder of the afternoon was occupied in examining this new institution—the first one in the state and, in fact, the finest in the country in which a large asylum has adopted the cottage system in all its details. We expect to have more to say about this institution at some future time. Suffice it to say that it more than fulfills our highest expectations.

A very nice dinner was served, after which Dr. Hiner of Lima was called upon to thank Dr. Tobey in behalf of the members of the Northwestern Medical Association for the good things they had been permitted to enjoy. In response the doctor called attention to many features of the institution in which it differed from other asylums.

NEW BOOKS.

'THE EAR AND ITS DISEASES.' By Samuel Sexton, M. D. Edited by Christopher J. Colles, M. D. Wm. Wood & Co., New York. 1888. For sale by P. W. Garfield, Cleveland, O.

In this volume the author has not attempted to present a text-book on otology, although he has treated more or less fully upon most all ordinary ear diseases, but has allowed himself considerable latitude as to the manner and the amount of space devoted to each topic. He has thus been free to discuss those subjects with which he is conversant, or in which he is especially interested, at length, and in this manner presents altogether a book which reflects the character, the bias and peculiarities of the writers, and for this reason the book is an unusually attractive one to read.

The chapter on "catarrh of the upper air tract" is a suggestive one and forcibly emphasizes the fact that catarrh is not a local nasal trouble due to local causes, but is a general affection of the entire upper air tract, due to general causes.

The chapter on aural irritation calls attention to a subject that is usually overlooked in most text-books on ear diseases.

The subject of "othæmatoma" is treated very fully, and is a valuable contribution to the subject, and the same is true of the chapters on wounds and injuries of the ear. Dr. Sexton has seen an unusually large number of these injuries. The chapter on wounds of the drum-head will prove of especial interest to pension examiners.

The chapter on the operation of excision of the drum-head and ossicles is one that will interest every specialist in the treatment of ear diseases. A large number of cases are reported in detail and are deserving of careful study even by those who think the operation useless and reprehensible.

Part fourth is devoted to miscellaneous articles, the one on the education of deaf school children deserving especial mention. Although the work is an unequal one, it is the most valuable recent contribution to the study of ear diseases,

not being a compilation of previous works but the results of the careful observance of a successful practitioner in the treatment of ear diseases.

'A TEXT-BOOK OF HUMAN PHYSIOLOGY.' By Austin Flint, M. D., LL. D., Professor of Physiology and Physiological Anatomy in Bellevue Hospital Medical College, etc., etc., with three hundred and sixteen figures in the text and two plates. Fourth edition, entirely rewritten. New York: D. Appleton & Company, 1888. Price, cloth, \$6.

Flint's Physiology needs no introduction to the profession, as it has been a standard text-book since its first appearance in 1875. In this edition the text has been entirely rewritten, and all the new facts that have been established are introduced, so that it is essentially a new treatise, the changed form and typography of the book also giving it the countenance of a stranger, until we trace in the general plan and arrangement the old, familiar lineaments of its predecessors. Obsolete matter, peculiar views and theories, historical references, lengthy descriptions of experimental methods and apparatus have all been wisely omitted. So also of minute anatomy, which has only been considered incidentally, and consigned to its proper place in works on anatomy.

The object being to make a text-book of physiology, only recognized and well-established facts have been presented; but no pains have been spared to present these in such a clear and connected manner as to give the student the plainest sailing possible. With this end in view great improvements have been made in the illustrations.

It is a complete and reliable text-book up to the times, and written by one who has definite ideas of what a text-book should and should not contain. Besides, we are proud of it as an American production, and hope to see it still more extensively used in American colleges.

PAMPHLETS.

[In most cases anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

'A EULOGY UPON CORNELIUS RHEA AGNEW.' By T. Gallard Thomas, M. D., June 7, 1888. New York.

The beautiful diction and tenderness of feeling exhibited

by Dr. Thomas in this eulogy is only excelled by the lovable character of the deceased. This delicate tribute cannot fail to strike a responsive chord in the hearts of thousands who knew Dr. Agnew during life and reverence his memory since dead. A copy of this pamphlet should find its way to the desk of every physician in the country, who could not fail to be benefited by the lessons taught by the life and death of this great and good man.

'THE INDICATIONS FOR THE ARTIFICIAL PERFORATION OF THE MASTOID PROCESS AND THE BEST METHOD OF PERFORMING IT.' By Geo. E. Frothingham, M. D., Ann Arbor, Michigan.

'OPERATION FOR MASTOID DISEASES.' By Seth S. Bishop, M. D., Chicago, Ill.

'CONSEQUENCES OF ACUTE SUPPURATION OF THE MIDDLE EAR, WITH SPECIAL REFERENCE TO OPENING THE MASTOID.' By A. R. Baker, M. D., Cleveland, O.

These three reprints would serve as an excellent monograph upon this subject, about which there is considerable diversity of opinion, and in many text-books on the ear, does not receive the consideration the subject is entitled to. Dr. Frothingham clearly points out the indications for perforating the mastoid, and in the performance of the operation prefers the use of chisel to any other method.

'HOT WATER IN THE MANAGEMENT OF EYE DISEASES; SOME SUGGESTIONS.' By Leartus Connor, A. M., M. D., Detroit, Michigan.

Dr. Connor's method of applying hot water to the eye is very simple and efficacious, as we can testify from personal observation, and consists in the application to the eye of hot water by means of a common tumbler. There are more practical suggestions as to the management of many eye diseases in these sixteen pages than one would suppose it were possible to condense into such a small compass.

'THE ANOMALIES OF THE OCULAR MUSCLES.' By Dr. George T. Stevens, New York.

The peculiar views of Dr. Stevens, as to the anomalies of the ocular muscles, are here set forth in a condensed and readable manner, and the apparatus and instruments made use of are illustrated, so that anyone wishing to pursue this line of investigation will be able to do so intelligently from the descriptions given.

'THE FUNCTION OF THE OBLIQUE MUSCLE IN CERTAIN CASES OF ASTIGMATISM.'
By G. C. Savage, M. D., Nashville, Tennessee.

Dr. Savage calls attention to the fact that in certain cases of astigmatism, after the error of refraction in each eye is properly corrected, when tested separately, when binocular vision is attempted, there are a certain number of cases in which every object is distorted—has a wedge shape. This he attributes to the action of the oblique muscles.

'SALOL, WITH A REPORT ON THE USE OF IN AFFECTIONS OF THE THROAT, EAR AND EYE.' By Max Thorner, M. D., Cincinnati, Ohio.

Salol is a comparatively new remedy, and observations as to its therapeutic value, especially when made by such accurate observers as Dr. Thorner and the late Dr. Aub, must be of value.

'NYSTAGMUS IN CONNECTION WITH DISEASES OF THE EAR.' By Charles J. Kipp, Newark, New Jersey.

Dr. Kipp's contribution to this obscure affection is a valuable one and deserves further investigation.

NOTES AND COMMENTS.

Shall physicians use good English? At first blush but one answer seems possible to this question. May not the medical man choose apt adjectives, make use of happy illustration and avoid objectionable adverbs, as well as another? Yet an absurd affectation exists to the effect that a good literary style is somehow incompatible with sound scientific attainments, and that a physician capable of presenting thought according to the genius of the language is more or less to be mistrusted. He writes too well, she writes too well, they write too well—these inflections are common expressions of criticism, with an air of "'ware the clog" half hidden in their pellucid depths. Attention to words and their uses, the narrow critics imply, pre-supposes a lack of practical insight and business capacity. It is a foregone conclusion that fine writing is the natural accompaniment of a life poverty-stricken in illuminating scientific events. By a mysterious process, something comes from nothing.

Devoting themselves almost exclusively to clinical work—and by a strange coincidence they all do—these short-sighted critics themselves fear not from, nor regard the Queen's English. Ever and anon one of this august and exclusively clinical body announces, after the fashion of the gifted member of parliament, but in scientific parlance and upon some scientific subject, usually of the order Dryasdust, that "the po-ta-to-a is a ve-ra good fruit-a." Sometimes this sort of thing overflows into print, where it brings a blush to the cheek of young and other medical persons afflicted with *esprit du corps*. Fortunately the practical beings under consideration seldom indulge in literary effort—on principle. They refuse all invitations to drop into scientific prose, even in a friendly way, and turn a deaf ear to hints in the matter of book reviews. The editorial serpent is powerless—so they say—to move them, and like the adder they ignore the voice of the charmer, charm he never so wisely. Clinical work is the thing. There may be a good many holes in a skimmer, but there is only one way to the top. A great deal of living goes to a very little writing. Possibly the most difficult form of creation is literary composition. Any sentence that is distinct, clear and well rounded, however simple in construction, is the outcome of painstaking effort and a careful mental registering of experience. Sometimes several generations contribute to its style and vigor. Its very existence announces severe mental discipline and familiarity with the best models. And why not? Language is the ultimate test of mind. It is the growth of definiteness in language which marks the progress of mankind. Whoever can sketch out his idea in exact words justly passes for an extraordinary man. To render ideal visible and intelligible to others, whatever its caliber, is a slow, laborious task, a relentless struggle. That which is most deserving of fame in art, as Balzac has it (and the term must include all creations of thought) is courage—a courage of which common souls have no conception, and which has never, perhaps, been explained. To act well the part of parent to an idea, raising it from birth and helpless infancy, nourishing it tenderly when it cries for food and attention at inopportune moments, clothing it in garments fifty times over that are cast away as unfit, and yet never revolting against the trials of this agitated life, but bringing out of them some masterpiece—sentence, brochure or inspiring volume—is indeed the very triumph of courage. Shall physicians use art to represent nature? Away with the

cant that anyone can write too well, or draw too well, or speak too well! It is nowhere hinted that clinical work can be done too well. Boorishness in style is not an evidence of intellect, nor slovenly expression the necessary accompaniment of cultivated observation. Such defects are greatly to be deplored. Their meaning goes deep. A university graduate suggests that it should be a point of honor among medical men to write in such form that an educated person can tell what the subject-matter is, though not himself an expert in medical lore. The suggestion presents nothing unreasonable. Thought is not a thing apart from language. Viewed by the white light of sound sense, where are now the little inflections that skipped so nimbly through familiar conversation—he writes too well, she writes too well, they write too well? Gone with the other ghosts, quite faded away. And let us trust that the petty necromancy of little minds will be ineffectual in securing for them any future existence.

Dr. Atlee on laceration of the cervix.—Some thirty years ago my old master, Nélaton, told me that certain diseases of the neck of the womb we *le pasturage des charlatans*. Since, then, this pasture ground has become much more extensive, it extends to the womb itself and to all its appendages, and many grow fat therefrom, to whom we dare not apply the epithet of charlatan? In medical journals a few weeks ago, I read that Noeggerath recommends that tears in the neck of the womb should be left alone. He says that they have no influence in the development of uterine disease, either as to intensity or frequency, and that diseases of the tissues of the cervix are not more frequent in lacerated than in uninjured cervices. My father, Dr. Atlee of Lancaster, practiced medicine some sixty-five years. He attended himself 3,264 women in childbirth, and had a very extended practice as a consultant in affections of the female genital organs. Shortly before his death, after I had been in practice some thirty-five years, he asked me if I ever had found it advisable to sew up the neck of the womb, for a tear. My answer was, “No.” “Nor have I,” said my father. Sixty-five and thirty-five, or a whole century of active professional work, and not one case where it was thought advisable to perform this operation; and more than that, not one case where there was any reason to regret its not having been performed. Mankind are, indeed, fearfully at the mercy of practitioners of medicine. How necessary it

is that those who become such should recognize that they are undertaking high responsibilities and difficult duties. A celebrated author wrote many years ago that the physician without a conscience was as much to be dreaded as a highway robber. It may be that he is more to be dreaded: the highway robber says, "Your money or your life," and the other may take both.—*Pittsburgh Medical Review*.

The following letter was received by a physician from a man whom he knew, practicing medicine, and desiring counsel: deer Dock—I have a pashunt whos physical sines shows that the wind-pipe has ulserated off and his lunges have drop down into his stumick i have given hym every thin without efeckt her father is welthy honable and in-fluenshal as he is member of assembly and god nose i don't want to loos hym what shall i do ans by return male.

Yours frat.

Nearly all large cities have Polyclinics, thus demonstrating the short-comings of the several medical colleges. We regret that the necessity for them exists, but as the necessity is upon us we rejoice that it is being met by the enterprising among doctors. There is no doubt that they will continue to increase and multiply till medical education in the medical colleges is altogether what it should be.—American Lancet.

We are pleased to learn that our friend Dr. Rhu of Marion, Ohio, was successful in securing the one hundred dollar prize, offered for the best clinical report, by the Western Medical Reporter. There were thirty-two competitors. The subject of Dr. Rhu's paper was—"Strangulated Umbilical Hernia: Laparotomy and Recovery."

Professor Schmidt, the distinguished pathologist and microscopist of New Orleans, died last month. He became most widely known, some years ago, by his absurd claim that Koch's tubercle bacilli were fat crystals.—Columbus Medical Journal.

A Great Subsidy.—According to the *Western Druggist*, \$10,000,000 is expended annually in advertising patent medicines. Over half of this goes to newspapers, and chiefly to country newspapers.—*Medical Record*.

Bamberger's successor, it is said, will be Professor Schrotter, a gentleman widely known as a laryngologist. He is also a general practitioner.

READING NOTICES.

MEDICAL BOOKS AND JOURNALS.

The remarkable catalogue of medical books and journals issued by Dr. A. E. Foot of 1225 Belmont avenue, Philadelphia, has the same relation to the ordinary commercial catalogue as the Index Catalogue of the Library of the Surgeon General's office does to the ordinary catalogues. It is now being issued, being complete as to hygiene, yellow and other fevers, obstetrics, surgery, anatomy, practice, etc. When fully completed it will include over 14,000 titles. This remarkable catalogue is sent free to every physician requesting it on headed paper, or by including his professional card. It is indispensable to any practitioner who thinks or writes. This is undoubtedly the largest stock in the world. He issues similarly complete catalogues on chemistry, physics and geology, and on all other branches of science. A natural taste for mineralogy has lead Professor Foot to accumulate the largest stock of minerals in the world, over 100 tons. These he sells at the "ridiculously low price of \$5 and \$10 per 100 good specimens, carefully labeled, and 100 labeled crystals for \$1. Price lists sent free.

"A Correction.—The *Boston Medical and Surgical Journal*, from which an extract was quoted by the Medical Record bearing on the composition of several artificial foods, publishes a correction based upon the analyses of Professors Elwyn Waller and A. A. Breneman regarding Reed & Carnrick's soluble food, to the effect that 38.26 per cent. of the albuminoids which it contains are in soluble form; that no 'hard, unchanged particles of casein' were found; that the casein is partially rendered soluble by the action of the digestive ferment; that the proportion of albuminoids in Liquid Peptonoids is limited only by the quantity which can be kept unchanged in solution; that sixteen per cent. of alcohol is necessary to prevent decomposition of the albuminoids, and that no greater than three per cent. of these can be held in solution in this liquid. We publish the correction from the same source as the original quotation as an act of justice to all concerned, regretting that we, in common with our Boston contemporary, were in any manner misled by what appeared to be a well-authenticated official report."

—THE—
Cleveland Medical Gazette.

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No. 3.

ORIGINAL ARTICLES.

A STATISTICAL REPORT OF 874 CASES OF
LABOR.*

BY ALBERT J. COOK, M. D., CLEVELAND, OHIO.

THIS report includes all my cases of confinement from August 26, 1873, to August 27, 1888: Whole number recorded, 874—males, 472; females, 402. Nationalities represented—Bohemian, 229; Germans, 199; Irish, 132; Americans, 124; English, 69; Canadian, 33; Polish, 31; Welsh, 10; Danes, 10; Hungarians, 4; French, 3; New Brunswick, 3; Hollanders, 2; Norwegians, 2; Prince Edward Island, 2; Austria, 2; Isle Guernsey, 1; Russian, 1. Incidents of labor—Normal labor, *i. e.*, labor completed by nature's efforts, with vertex presentation, there were 492; forceps were used for various purposes and divers conditions 154 times; podalic version employed, 59 times; employed in arm or shoulder presentations, cross position of child, or in

* Read before the Cuyahoga County Medical Society.

any case where child was dead and speedy delivery desired, as when funis presents in front of head and pulseless, arm in front of head, shoulder or arm presented, 26 times; transverse position, 9 times; the face presented, 11 times; all the children born alive except 2; breech presented, 23 times; and 3 dead born—two of these three were dead previous to commencement of labor, as evidenced by macerated condition of child; navel presenting in front of head occurred 7 times—only two children resuscitated out of the seven; twin conception occurred 23 times—in six cases both children were males, in seven cases both children were females, in ten one male and one female; hand and arm presented in front of head (once with navel) two times—these cases in my experience require podalic version; placenta previa occurred 5 times—in two centrally implanted, in three marginal—all the mothers recovered and three children, two were lost, one died from efforts in turning, one dead before labor; craniotomy was performed four times—once for hydrocephalus, once for impacted shoulder, once in case where forceps and version failed, and once in large ossified skull and narrow pelvis. Fifty-seven children out of the whole number—874—were still-born; dead before labor commenced, 14; died during labor before treatment commenced, 19—of these four were due to impaction of navel coming down in front of head; dead from podalic version, 11; craniotomy killed 2; syphilis killed 5, and 1 was strangled by a short navel cord around the neck. In one the placenta separated from the womb one-half hour before labor commenced.

No.	Name.	Nationality.	Color.	No. of Lab'rs	Age Par-ents.	Sex.	Remarks.
1	A. B.	German.	w	Mult.	38	f	Membranes entire.
2	M. S.	English.	w	.....	22	m	Normal.
3	A. H.	Irish.	w	Prim.	22	f	Normal.
4	H. S.	German.	w	Mult.	36	f	
5	M. D.	Irish.	w	Prim.	20	m	{ Tedious labor, child w. 3 days, lacerated perineum to sphincter, immediate closure with wire, recovery.
6	S. S.	English.	w	Mult.	30	f	
7	L. A.	Irish.	w	Mult.	33	m	Normal, except large amount liq. amnii.
8	L. R.	Irish.	w	.....	25	m	Face presentation, tedious, forceps delivery.
9	M. R.	Irish.	w	Mult.	24	f	Normal.
10	K. G.	German.	w	Mult.	26	m	Normal.
11	M. B.	Platt Deut.	w	Mult.	40	f	Forceps.
12	A. H.	Irish.	w	Mult.	32	f	Normal, followed by milk leg.
13	C. W.	Bohemian.	w	Mult.	25	f	Normal.
14	M. C.	Irish.	w	Prim.	26	f	Lac. perineum through sphin., operation, immediate closure, success for sphincter.
15	E. B.	American.	w	.....	32	m	Complete detachment of placenta 1 hr. before
16	M. W.	American.	w	Mult.	31	f	Normal. [labor, child dead, inherited syph.
17	M. A. J.	Irish.	w	Prim.	22	m	Normal.
18	G. I. C.	American.	w	Prim.	20	m	Normal.
19	S. K.	Irish.	w	.....	26 35	f	Post. P. hemorrhage.
20	A. J. O.	Irish.	w	.....	28 27	m	Normal.
21	J. N.	Irish.	w	Mult.	23 27	m	Normal.
22	K.	American.	w	Prim.	19 24	m	Normal.
23	M. M.	Irish.	w	Mult.	26 27	f	Normal.
24	S. W.	English.	w	Mult.	28 26	m	Normal.
25	C. D.	German.	w	.....	.....	m	Normal.
26	A. H.	Bohemian.	w	.....	24 25	f	Normal.
27	A. D.	Irish.	w	Mult.	38 42	m	Normal.
28	I. S.	American.	w	Prim.	30 35	m	Normal.
29	M. B.	German.	w	Mult.	26 36	m	Normal.
30	K. S.	Bohemian.	w	Mult.	34 29	f	Tedious.
31	C. G.	German.	w	Mult.	27 27	2f	One footling and one head present.
32	C. C.	English.	w	Mult.	32 29	m	Normal.
33	K. H.	German.	w	.....	27 30	f	Normal.
34	F. M.	German.	w	Prim.	19 22	f	Normal.
35	R. R.	Can.-Irish.	w	.....	30 48	f	Normal.
36	H. F.	German.	w	.....	27 31	f	Forceps.
37	A. J.	Welsh.	w	Prim.	26 28	m	Tedious, forceps.
38	A. S.	Bohemian.	w	Mult.	26 30	m	Tedious, forceps.
39	M. O.	English.	w	Mult.	34 33	f	Normal.
40	E. H.	Irish-Eng.	w	Prim.	27 26	f	Very easy.
41	E. G.	English.	w	.....	38 34	f	Normal.
42	F. B.	English.	w	Mult.	26 30	f	Forceps.
43	A. H.	Irish.	w	.....	24 30	f	Normal.
44	C. H.	English.	w	.....	26 23	f	Labor normal, amniotic fld. green, and navel
45	K. L.	Welsh-Eng.	w	.....	22 22	m	Normal. [cord green.
46	M. P.	Bohemian.	w	.....	38 36	m	Podalic version, child lived.
47	J. D.	Engl'h-Can.	w	.....	22 30	m	Prim., normal.
48	A. G.	Irish.	w	.....	28 30	f	Tedious, forceps.
49	A. W.	Bohemian.	w	.....	40 48	f	
50	A. C.	Irish.	w	.....	35 37	m	
51	M. R.	American.	w	.....	21 29	m	
52	M. S.	Irish.	w	.....	33 34	f	
53	M. D.	Irish.	w	.....	23 24	f	Normal.
54	M. D.	German.	w	.....	25 48	m	
55	J. H.	Engl'h-Am.	w	.....	22 36	m	
56	K. N.	American.	w	.....	21 30	f	
57	C. S.	Can.-Prince	w	.....	25 36	f	
58	J. H.	Boh. [Ed. Is.	w	.....	20 23	m	Podalic vers., child dead.

No.	Name.	Nationality.	Color.	No. of Lab'rs	Age Par-ents.	Sex.	Remarks.
59	C. H.	American	w	.....	20 27	f	Normal.
60	E. R.	Germ.-Am.	w	.....	23 25	f	Normal.
61	I. S.	American	w	.....	32 36	f	
62	M. T.	Ger.-Austria	w	.....	26 28	f	
63	H. S.	English	w	.....	24 26	f	
64	J. P.	Bohemian	w	.....	25 39	f	Mother exhausted from long labor, forceps,
65	M. T.	American	w	.....	23 25	m	Normal. [good recovery.]
66	A. R.	Bohemian	w	Mult.	33 30	f	
67	S. K.	Irish	w	Mult.	29 37	f	Tedious labor, forceps.
68	H. C.	American	w	.....	21 21	m	Normal.
69	J. N.	Irish	w	Mult.	26 30	f	Normal.
70	M. K.	Pole	w	Mult.	25 26	m	{ Small woman, long (30 hrs.) in labor, child's head very large and ossified, long forceps, 3 hrs. in delivering, child lived 2 years, died of pertussis, always feeble.
71	S. S.	English	w	Mult.	40 40	m	Large amount liq. amnii.
72	B. S.	Bohemian	w	Mult.	34 35	m	Forceps.
73	J. K.	Am.-Eng.	w	Mult.	25 28	f	Easy labor, 4 hours.
74	R. H.	Irish	w	Mult.	28 48	m	Easy labor, normal.
75	M.A.S.	Can.-Eng.	w	Mult.	27 35	f	Present. normal.
76	R. S.	French	w	Mult.	37 42	m	Present. normal.
77	R. K.	Can.-Germ.	w	Mult.	27 39	f	Footling (lived). { Labor normal, severe post. part, hemorrhage, fainting, removed placenta and introduced closed fist in uterus and other hand over fundus, hand in u. ½ hour, 2 hemorrhages, recovered.
78	E. O.	English	w	Mult.	40 40	f	
79	K. G.	Germ.-Am.	w	Mult.	26 30	f	Membranes so tough had to be ruptured.
80	G.E.C.	American	w	2	23 26	m	Rigid os, relaxed by morph. hypoderm.
81	T. S.	Bohemian	w	Mult.	34 39	m	Knee presentation.
82	J. S.	Bohemian	w	Mult.	32 37	m	Normal.
83	C. L.	Can.-Irish	w	Mult.	40 48	m	Normal.
84	A. J.	Welsh	w	2	26 29	m	Tedious, forceps, child lived.
85	M. B.	German	w	.....	28 28	m	Easy labor, syphilitic child, died in a few hrs..
86	B.O.M.	Irish	w	.....	30 30	f	Normal.
87	M. B.	Am.-Germ.	w	.....	27 38	m	Normal.
88	M. H.	Can.-Am.	w	.....	25 33	m	Normal.
89	M. H.	Am.-Irish.	w	.....	42 31	m	Normal.
90	M.A.J.	Irish-Am.	w	.....	24 26	f	Normal.
91	M. M.	Irish-Am.	w	.....	29 30	m	Normal.
92	A. B.	Bohemian	w	.....	23 27	f	Normal.
93	D. R.	Irish	w	.....	26 35	f	Normal.
94	K. C.	Irish	w	.....	20 37	m	Normal.
95	C. T.	German	w	.....	42 44	m	Normal.
96	M. R.	Irish	w	.....	28 27	f	Normal.
97	A. W.	English	w	.....	39 38	f	Normal.
98	A. P.	Am.-Eng.	w	.....	18 26	f	Normal.
99	K. G.	Am.-Germ.	w	.....	28 29	f	Premature, arm and funis presenting.
100	A. H.	Bohemian	w	.....	24 29	m	Podalic version, child lived.
101	E. R.	Germ.-Am.	w	.....	25 26	m	Normal.
102	R. J. D.	Eng.-Can.	w	.....	24 31	2m	Easy labor, 1st present head, 2nd footling, both [lived, 7½ lbs. each.]
103	R. McC.	American	w	.....	32 27	m	Normal.
104	M. H.	Am.-Irish	w	.....	21 32	m	Normal.
105	S. W.	English	w	.....	33 37	m	Normal.
106	M. B.	Am.-Germ.	w	.....	.....	f	Normal.
107	A. H.	Irish	w	.....	41 45	m	Labor followed by milk leg.
108	S. S.	English	w	Mult.	35 35	m	Transverse position, podalic vers., child lived, very large, large amount liq. amnii.
109	K. L.	English	w	2	24 25	m	Shoulder present, version pod., O. K.
110	A. J. O.	Irish-Eng.	w	.....	35 30	f	Normal.

	Name.	Nationality.	Color.	No. of Lab'rs	Age Par-ents.	Sex.	Remarks.
111	M. G.	Irish	w	Mult.	29 27	f	Tedious, forceps, child O. K.
112	M. R.	Am.-Irish	w	.....	23 26	f	Normal.
113	M. H.	Danish	w	Prim.	23 30	m	Normal.
114	A. D.	English	w	.....	25 27	f	Normal.
115	M. G.	Platt Deut.	w	Prim.	24 24	m	Knee present., child lived.
116	A. A.	English	w	Mult.	41 42	f	Forceps.
117	S. B.	German	w	.....	27 30	f	Quick and easy.
118	A. M.	German	w	.....	24 28	f	Normal.
119	J. N.	Irish	w	Mult.	28 32	m	Normal.
120	M. B.	Bohemian	w	Prim.	30 —	2m	Premature children, lived only short time.
121	M. V.	Irish	w	Prim.	22 23	m	Labor normal, 10 hours, very little liq. amnii.
122	C. H.	Germ.-Am.	w	.....	29 33	f	Normal.
123	C. Z.	Bohemian	w	Mult.	43 47	m	{ Breech present., still-born, body macerated, died at 6th mo. of intra-uterine gest. and carried to full time.
124	H. G.	Irish	w	Mult.	30 32	f	Normal.
125	M.A.M	Can.-Am.	w	Mult.	26 25	f	Normal.
126							
127							
128							
129							
130							
131							
132	R. K.	German	w	Mult.	28 40	m	Normal.
133	M. E.	American	w	Prim.	19 23	m	Tedious.
134	M. L.	Irish-Eng.	w	Mult.	29 34	m	Normal.
135	M. D.	Irish-Can.	w	Mult.	23 24	f	Normal.
136	M.E.A.	American	w	.....	20 23	m	Normal.
137	M. J.	Bohemian	w	Mult.	26 26	f	{ Contracted antero-post. diameter, forceps above brim, child killed in delivery from long traction.
138	J. S.	Bohemian	w	Mult.	22 30	f	A foot, hand and navel cord present., delivered
139	A. C.	American	w	Prim.	18 20	f	Normal. [by feet, child lively.
140	J. H.	Irish	w	Mult.	38 38	m	Normal.
141	M. K.	American	w	Prim.	35 45	m	Normal.
142	M. M.	Bohemian	w	Mult.	37 38	f	{ In care of midwife, navel escaped down be- side the head when water broke, babe still- born.
143	A. H.	Irish	w	2	27 —	m	Normal.
144	C. B.	German	w	Mult.	40 43	m	Normal.
145	I. S.	New Bruns- wick-Engl'h	w	Prim.	29 35	m	{ Tedious labor, membranes ruptured 2 days before labor began, rigid os uteri, instrument delivery, with success to mother and child.
146	L. R.	English	w	.....	33 35	m	Normal.
147	A. K.	German	w	Prim.	26 36	f	Normal.
148	A. M.	Bohemian	w	Mult.	45 42	m	Normal.
149	J. M.	Bohemian	w	Mult.	32 32	2m	Twin males, premature, both died in 3 days.
150	M. H.	Am.-Irish	w	Mult.	32 43	m	Normal.
151	A. D.	Bohemian	w	Mult.	31 26	f	Tedious, forceps.
152	R. S.	French	w	Mult.	39 42	m	Normal.
153	K. G.	Am.-Germ.	w	Mult.	30 29	m	Normal.
154	M. J.G.	Canadian	w	Prim.	25 25	m	Normal.
155	R. S.	American	w	Mult.	32 38	m	Os relaxed and child expelled with only 1 pain.
156	A. P.	Am.-Eng.	w	Prim.	19 28	m	Normal.
157	A. H.	American	w	Prim.	19 26	m	Normal.
158	E. M.	American	w	.....	24 22	m	Normal.
159	I. B.	American	w	Prim.	20 23	f	Normal.
160	M. M.	Bohemian	w	Mult.	35 33	f	Tedious labor, forceps delivery, assist. mid-
161	M. B.F.	American	w	.....	28 38	m	Normal. [wife, child lively.
162	K. W.	Germ.-Am.	w	.....	26 25	f	Normal.
163	L. C.	Germ.-Am.	w	.....	26 28	m	Normal.

No	Name.	Nationality.	Color.	No. of Lab'rs	Age Par-ents.	Sex.	Remarks.
164	McD.	Can.-Irish	w	Prim.	21 22	m	Normal.
165	M.A.M	Am.-Germ.	w	.....	27 32	m	Normal.
166	M.O'M	Irish	w	Prim.	25 33	f	Normal.
167	A. S.	Bohemian	w	.....	35 32	f	Shoulder present., podalic vers., child lived.
168	M. M.	Irish	w	.....	28 33	m	Normal. [without anæsthesia.
169	E. R.	Aust.-Jew	w	.....	31 28	m	Normal.
170	S. C.	Eng.-Germ.	w	.....	23 24	m	Normal.
171	K. C.	Irish	w	.....	23 40	m	Normal.
172	M. S.	Am.-Germ.	w	Prim.	24 31	f	Normal.
173	M. M.	Bohemian	w	Prim.	18 24	f	Breech present., child lived.
174	A. B.	Bohemian	w	.....	25 29	f	Normal.
175	M.B.S.	American	w	.....	32 29	f	Normal.
176	J. T.	Bohemian	w	.....	.....	f	Podalic version, cross birth, child lived.
177	K. G.	Germ.-Am.	w	3	29 33	f	Normal.
178	C. R.	American	w	.....	23 23	m	Normal.
179	B. T.	Bohemian	w	Mult.	43 45	f	Normal.
180	A. P.	Bohemian	w	.....	22 24	m	Forceps delivery.
181	M. T.	German	w	.....	24 30	f	Normal.
182	K. L.	German	w	.....	26 30	f	Normal.
183	J. P.	Bohemian	w	.....	34 39	f	Forceps.
184	M.A.T.	English	w	.....	28 —	m	Normal.
185	C. S.	English	w	.....	30 33	m	Normal.
186	A. K.	Bohemian	w	.....	31 30	f	Forceps, child O. K.
187	A. C.	English	w	Mult.	41 42	f	Case had been diagnosed as abdom. tumor by [Dr. S.
188	S. N.	German	w	.....	23 36	f	Normal.
189	I. W.	Irish	w	.....	22 23	m	Normal.
190	A. H.	German	w	.....	41 48	m	Normal.
191	A. H.	Irish	w	.....	42 46	f	Normal.
192	M. M.	Bohemian	w	.....	29 45	m	Breech, child resuscitated.
193	M. G.	German	w	.....	26 32	f	Normal.
194	M. O.	Bohemian	w	.....	27 27	m	{ Antero-post., diameter of pelvis narrow, head would not engage, too high for forceps, podalic version, child resuscitated.
195	E. M.	Bohemian	w	.....	37 38	m	Breech presentation, child living, single harelip.
196	J. J. R.	Bohemian	w	.....	39 38	m	Elbow presenting, podalic version, child living.
197	C. T.	Irish-Can.	w	.....	30 41	f	Normal.
198	M. K.	Bohemian	w	.....	24 30	m	Vertex present., version with difficulty, under
199	A. M.	German	w	.....	25 30	f	Normal. [chloroform, child still-born.
200	M. H.	Am.-Irish	w	.....	22 35	m	Normal.
201	A. P.	Bohemian	w	.....	33 33	m	{ Hand and funis came down beside head, replaced in genu-pectoral position, came down again with next pain, vers. pod., child saved.
202	A. O.	Irish-Eng.	w	Mult.	37 32	m	Normal.
203	M.K.T	Eng.-Am.	w	.....	24 32	f	Normal.
204	R. Z.	Ger. (Bast.)	w	Prim.	20 —	m	Still-born.
205	M.A.M	Can.-Am.	w	.....	27 26	f	Normal.
206	A. K.	Ger.-Pruss.	w	.....	30 34	f	Normal.
207	M. S.	Irish	w	Mult.	38 38	m	Normal.
208	D. R.	Irish	w	Mult.	27 39	m	Normal, child large, atelectasis pulm.
209	G. S.	N.B. P.E.Is	w	Mult.	27 34	m	Normal.
210	I. A.	Bohemian	w	.....	21 27	m	Normal.
211	A. W.	English	w	Mult.	40 40	f	Normal.
212	A. P.	Am.-Eng.	w	Mult.	20 29	f	Normal.
213	J. B.	American	w	.....	29 20	f	Normal.
214	E. R.	Germ.-Am.	w	2	26 27	m	Normal.
215	A. G.	Irish	w	Mult.	— —	f	Normal.
216	A. B.	Bohemian	w	Mult.	20 30	m	Normal.
217	M. E.	American	w	Prim.	21 25	m	Normal.
218	F. F.	Canadian	w	Mult.	26 32	m	Normal.
219	M. M.	Irish-Am.	w	Mult.	32 33	m	Normal.
220	A. K.	American	w	Prim.	18 29	f	Normal.

No	Name.	Nationality.	Color.	No. of Lab'rs	Age Par-ents.	Sex	Remarks.
221	M. M.	Can.-Am.	w	Mult.	27 33	m	Normal.
222	A. C.	American	w	2	20 22	f	Normal.
223	G. E. C.	American	w	3	25 29	m	Normal.
224	M. R.	Bohemian	w	Prim.	20 24	m	{ Called late in case, after head had lain on perineum several hours, applied forceps and delivered a still-born child.
225	D. M.	German	w	Prim.	18 29	m	
226	M. G.	Low Dutch	w	.....	26 26	f	Slow and tedious.
227	R. K.	Bohemian	w	.....	35 28	m	Hand came down beside head, replaced.
228	N. F.	Bohemian	w	.....	28 29	m	Forceps.
229	J. M.	Ger.-Bast'rd	w	Prim.	27 —	m	Normal.
230	I. N.	Irish	w	Mult.	29 33	f	Still-born.
231	A. D.	English	w	Mult.	28 31	m	Normal.
232	M. H.	Can.-Am.	w	Mult.	27 29	f	Normal.
240	J. K.	Prus.-Pole	w	Mult.	32 33	m	Normal.
241	M. H.	Dane	w	2	25 32	m	Normal.
242	M. E. B.	Am.-Germ.	w	Mult.	29 33	f	Normal.
243	B. F.	German	w	Mult.	42 42	m	Normal.
244	M. J. B.	N. Brun-Am	w	.....	28 42	m	Normal.
245	C. S.	Am.-Eng.	w	.....	34 35	m	Normal.
246	E. B.	American	w	.....	37 69	f	Normal.
247	S. A. S.	English	w	Mult.	36 36	f	Normal.
248	K. S.	American	w	Prim.	25 28	m	Normal.
249	A. B.	Irish-Am.	w	Prim.	20 24	m	Normal.
250	K. Y.	Bohemian	w	.....	37 41	f	Version (podalic), still-born child.
251	M. T.	German	w	.....	24 31	m	Normal.
252	S. B. B.	German	w	.....	29 33	m	Normal.
253	M. M.	German	w	.....	20 27	m	Normal.
254	M. M.	Bohemian	w	2	19 26	m	Normal.
255	A. N.	Bohemian	w	.....	34 33	m	Twins (1 m., 1 f).
256	E. F.	American	w	Prim.	23 31	m	Normal.
257	T. R.	Can.-Eng.	w	.....	26 28	f	Normal.
258	C. H.	Germ.-Am.	w	Mult.	31 36	m	Normal.
259	A. M.	Am.-Germ.	w	Prim.	17 26	f	Normal.
260	W. S.	German	w	.....	.....	m	Twins (1 m., 1 f). Premature.
261	M. M'D	Can.-Irish	w	.....	23 24	m	Normal.
262	S. E. S.	American	w	.....	27 29	f	Normal.
263	K. R.	American	w	.....	24 24	m	Normal.
264	A. D.	Bohemian	w	.....	31 29	f	Forceps.
265	M. O'N	Irish	w	.....	25 35	f	Normal.
266	E. O.	English	w	.....	27 29	f	Normal.
267	A. B.	Bohemian	w	.....	27 31	m	Normal.
268	M. P.	American	w	.....	21 29	f	Normal.
269	B. M'C.	Irish	w	.....	37 40	m	Normal.
270	J. P.	Eng.-Am.	w	.....	25 36	f	Normal.
271	K. L.	German	w	.....	42 48	m	Normal.
272	K. S.	Bohemian	w	.....	27 33	f	{ Placenta previa., central implantation, full term, os widely dilated, podalic version. Both child and mother did well.
273	J. H.	Irish	w	.....	46 40	m	
274	A. H.	Irish	w	.....	30 40	f	Normal.
275	M. J. G.	Canadian	w	.....	27 28	m	Footling presentation, child was resuscitated.
276	J. L.	Bohemian	w	.....	36 42	f	Normal.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex	Remarks.
277	M. J.	Bohemian	w	.....	m	{ Craniotomy for impact. of shoulder and arm, case in care of quack Van Ulrick, had been with her two days and one night pulling at the arm and giving ergot. I was called 11 P.M. at second night, made a slow, tedious recovery.
278	S. S.	Am.-Cana.	w	20 28	m	Normal.
279	K. C.	Irish	w	24 41	m	Normal.
280	J. H.	Bohemian	w	41 40	m	Normal.
281	M. S.	American	w	34 30	f	Normal.
282	J. P.	Bohemian	w	27 43	m	Footling, child never respired, although there
283	E. H.	Welsh	w	25 P	f	Normal [was heart's action for $\frac{1}{2}$ hour.
284	A. R.	Bohemian	w	20 24	m	Primipara, forceps.
285	A. P.	German	w	39 40	f	Normal.
286	A. M.	German	w	31 35	m	Normal.
287	C. S.	Germ.-Am.	w	20 23	f	Primip., tedious.
288	M. B.	German	w	31 41	m	Normal.
289	K. S.	Bohemian	w	30 33	m	Still-born.
290	S. K.	Eng.-Germ.	w	25 27	f	Normal.
291	M. H.	German	w	32 36	m	Normal.
292	M.E.A.	American	w	23 26	m	Normal.
293	M. M.	American	w	20 23	m	{ Primipara, very large child, forceps 3 hours and not much progress; Dr. Lewis came, agreed craniotomy necessary; while I was gone after scissors he dragged the child through with great force, causing laceration; dead child; mother made slow recovery.
294	A. K.	German	w	34 32	m	Face presentation.
295	S. W.	Germ.-Boh.	w	36 43	m	Normal.
296	A. H.	Bohemian	w	30 43	m	{ Version podalic in an effort to save a child through a narrow upper outlet by turning unsuccessful, child too large.
297	M. M.	German	w	24 27	f	Normal.
298	A. R.	Austrian	w	32 29	f	Normal.
299	A. P.	German	w	29 30	m	Normal.
300	L. W.	American	w	27 32	m	Lacerated perineum.
301	R. N.	Hungarian	w	33 36	m	Normal.
302	A. J.	Welsh	w	31 35	m	Forceps, always has hard labors.
303	J. S.	Bohemian	w	.....		Normal.
304	E. M.	Germ.-Am.	w	17 22	m	Primipara, labor painful, assisted with vectis,
305	M.A.T.	Am.-Cana.	w	25 25	m	Normal. [child very small, living.
306	B. Z.	Bohemian	w	32 50	m	Forceps.
307	F. B.	German	w	22 30	m	Syphilitic, still-born.
308	M. F.	American	w	32 33	m	Syphilitic, living.
309	A. A.	English	w	44 45	m	Child very large, killed by forceps delivery.
310	B. B.	Low Dutch	w	26 26	m	Footling, still-born.
311	C. S.	English	w	34 36	f	Normal.
312	E. S.	German	w	21 23	f	Primipara.
313	M. R.	Bohemian	w	21 24	f	Forceps.
314	K. L.	Bohemian	w	35 40	f	Forceps.
315	M. C.	Irish	w	35 37	2f	Twin.
316	A. M.	German	w	27 32	m	Normal.
317	M.A.M	Am.-Germ.	w	30 35	f	Normal.
318	M. M.	Hungarian	w	25 31	2f	Twin.
319	F. J.	Bohemian	w	32 30	m	Normal.
320	M.S.	English	w	36 39	m	Normal.
321	M.S.	Irish-Eng.	w	34 44	m	Normal.
322	A. P.	Am.-Eng.	w	22 29	m	Normal.
323	M. S.	Bohemian	w	24 26	f	Forceps.
324	S. A. T.	Welsh-Is. of	w	27 30	m	Normal.
325	I. W.	Irish [Guern	w	23 28	m	Normal.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
326	G. E. C.	American	w	27 31	f	Normal.
327	M. W.	Bohemian	w	30 35	m	Forceps.
328	M. M.	Bohemian	w	30 46	m	Version podalic, child lived.
329	M. P.	Bohemian	w	31 34	m	Breech present., child lived.
330	B. W.	Can.-Germ.	w	29 33	m f	Twin.
331	H. L.	Irish-Cana.	w	22 23	m	Primipara.
332	K. B.	Prus.-Pole	w	35 33	f	Used vectis to shift head, then applied forceps,
333	K. L.	Germ.-Am.	w	24 32	f	Normal. [child living.
334	M. B.	Low Dutch	w	40 45	m	Forceps.
335	O. B.	Barnhart Is-	w	28 42	m	Normal.
336	M. H.	Boh. [Can.	w	30 28	m	Arm pres., podalic vers., child living.
337	E. D.	Germ.-Can.	w	32 38	f	Normal.
338	I. F.	American	w	32 31	f	Forceps.
339	B. S.	German	w	28 28	f	Normal.
340	C. W.	German	w	23 25	m	Primipara, tedious.
341	H. McE	Irish	w	30 35	f	Primipara.
342	F. H.	Engl'h-Am.	w	21 23	f	Normal.
343	M. C.	English	w	40 39	m	Normal.
344	F. B.	Bohemian	w	38 37	m	Forceps.
345	P. K.	German	w	17 23	m	Primipara.
346	E. A.	German	w	28 38	f	Normal.
347	K. G.	Germ.-Am.	w	31 35	2m	Twins, 5 minutes between births, first head
348	M. E.	American	w	23 27	m	Normal. [position, second knee,
349	F. F.	Canadian	w	27 34	m	Normal.
350	S. H.	English	w	34 37	m	Primipara, labor tedious, child large, used
351	M. Z.	Bohemian	w	17 23	m	Primipara, forceps. [vectis.
352	B. M.	Bohemian	w	33 33	f	Child dead and macerated, cross birth, version.
353	M. K.	Polish.-Ger.	w	33 38	f	Forceps.
354	H. P.	English	w	37 —	m	Normal.
355	B. K.	Bohemian	w	40 48	2m	Twin.
356	M. G.	Low Dutch	w	28 28	f	Knee and funis, living child.
357	J. S.	Am. (Bast.)	w	22 —	m	Bastard, child badly marked on thighs just above knees, looks like scars from large burns.
358	K. S.	American	w	27 30	f	Normal.
359	E. K.	German	w	27 33	m	Normal.
360	R. M.	German	w	28 29	m	Normal.
361	A. F.	Bohemian	w	22 23	m	Forceps.
362	E. K.	German	w	29 39	m	Normal.
363	L. P.	Bohemian	w	18 24	m	Primipara.
364	H. V.	Germ.-Am.	w	19 25	f	Normal.
365	M. D.	Bohemian	w	24 31	m	Normal.
366	A. W.	English	w	43 42	m	Normal.
367	J. B.	Bohemian	w	23 23	f	Primipara, forceps.
368	C. Q.	German	w	25 27	m	Face present., forceps, child robust.
369	J. P.	Eng.-Am.	w	28 44	f	Normal.
370	L. W.	American	w	28 33	m	Normal.
371	B. B.	Low Dutch	w	27 27	f	Normal.
372	E. M.	Eng.-Am.	w	24 31	f	Normal.
373	A. K.	Bohemian	w	25 31	f	Footling, child living.
374	A. B.	Low Dutch	w	29 28	f	Normal.
375	C. M.	French	w	28 29	f	Primipara.
376	A. C.	Germ.-Am.	w	19 23	m	Primipara.
377	F. T.	English	w	26 28	m	Breech, child living.
378	D. R.	Irish	w	30 40	m	Forceps.
379	A. H.	Bohemian	w	42 43	m	
380	M. M.	Bohemian	w	39 37	f	Breech.
381	K. W.	American	w	26 27	m	Normal.
382	S. B.	German	w	31 35	f	Normal.
383	A. S.	German	w	31 32	f	Normal.
384	B. G.	English	w	37 38	m	Normal.
385	M. O'N	Irish	w	28 37	m	Normal.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex	Remarks.
386	A. U.	Bohemian	w	36 32	mf	Twin, present., fem. vertex, 2nd. m. footling.
387	K. L.	Holland	w	32 46	f	Normal.
388	M. S.	Bohemian	w	22 25	m	Premature.
389	F. V.	Low Dutch	w	20 25	m	Primipara, knee and funis pres., living child.
390	M. M. D	Can.-Irish	w	25 26	m	Normal.
391	M. B. F.	American	w	31 41	m	Normal.
392	F. A. S	Prus.-Pole	w	24 23	f	Primipara.
393	M. G.	Canadian	w	29 30	m	Normal.
394	M. H.	German	w	36 32	f	Normal.
395	M. M.	Bohemian	w	22 28	f	Forceps.
396	M. H.	Dane	w	27 34	m	Normal.
397	M. P.	Prus.-Pole	w	36 37	f	Elbow presenting, podalic version, child living.
398	M. M.	Irish	w	34 34	f	Normal.
399	B. S.	Polish	w	40 40	m	Normal.
400	M. P.	Bohemian	w	43 45	m	Still-born, putrid.
401	M. P.	Bohemian	w	22 22	m	Primipara.
402	E. B.	Germ.-Am.	w	37 37	f	(Born on canal-boat.)
403	A. W.	Polish	w	27 26	f	Version, child lived to minutes.
404	W. G.	German	w	25 24	f	Primipara.
405	J. P.	Polish	w	35 37	f	Still-born, pres. right hand, left foot and funis.
406	R. K.	Bohemian	w	37 40	m	Breech, child lived, fract. clavicle.
407	A. M.	Bohemian	w	33 34	mf	Twin, 1st. born vertex pres., 2nd., male, version.
408	M. Y.	Bohemian	w	24 24	m	Forceps, primipara.
409	C. M.	German	w	31 33	m	Normal. { Arm and shoulder in world when I came in, child was shortly extruded by mother's efforts alone, body first coming doubled up until feet were free, then head born last, spontaneous version.
410	S. F.	Bohemian	w	22 22	f	
411	H. S.	Germ.-Am.	w	24 23	m	Normal.
412	S. E. S.	American	w	29 31	m	Forceps.
413	E. N.	Bohemian	w	35 28	mf	Twin.
414	A. H.	Bohemian	w	33 37	f	{ This woman has a narrow pelvis antero-pos- teriorly and large children, high forceps operation not successful, version, child dead.
415	C. S.	Am.-Eng.	w	26 40	f	Normal.
416	M. T.	Am.-Eng.	w	26 29	m	Primipara.
417	M. H.	Bohemian	w	30 28	f	Vertex with left foot and funis, podalic version.
418	E. M.	German	w	31 29	m	Normal.
419	M. M.	Can.-Am.	w	30 36	m	Normal.
420	I. F.	Irish	w	21 21	m	Primipara.
421	J. N.	Irish	w	31 35	2f	Twin females, 1st. present. normal and 2nd. present. breech, both living.
422	M. O.	Germ.-Am.	w	21 23	f	Labor at 6th mo. of gestation, breech presenta- tion, child lived 2 hours.
423	K. H.	Bohemian	w	35 35	m	Head and funis presentation present, podalic version, child living.
424	J. J.	Bohemian	w	27 33	f	Normal.
425	M. W.	Prus.-Pole	w	26 28	m	{ Primipara, large child, long, tedious labor, forceps unsuccessful, substituted vectis, child very weak.
426	M. M.	Low Dutch	w	25 28	m	Normal presentation, but a very free ante- partum hemorrhage.
427	E. P.	Bohemian	w	42 44	m	{ Delivered with forceps of a large, living child. Woman has been insane and does not ap- pear quite right at present.
428	M. P.	Boh.-Aust.	w	27 34	f	{ Arm in world for some time when I reached the woman, arm black and child evidently dead, version pod. with great difficulty.
429	F. S.	German	w	33 36	m	Tedious.
430	M. K.	Irish	w	36 34	f	Normal.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
431	W. M.	German	w	30 40	2m	Twin, rst, normal, living ; 2nd, footling, dead
432	I. H.	Bohemian	w	36 47	m	Forceps. [probably two weeks.
433	K. S.	Bohemian	w	17 23	m	Primipara, forceps.
434	S. G.	Irish-Can.	w	20 28	m	Primipara, forceps.
435	E. R.	Germ.-Am.	w	26 26	f	Primipara, forceps.
436	A. W.	English	w	39 40	f	Normal.
437	M. S.	Am.-Germ.	w	28 35	f	Normal.
438	S. B.	English	w	24 27	f	Primipara, forceps.
439	J. D.	American	w	23 24	m	Primipara, forceps, very large child.
440	M. S.	Bohemian	w	28 29	f	Normal.
441	E. D.	Can.-Am.	w	24 24	f	Normal.
442	L. P.	Bohemian	w	25 27	f	Primipara, forceps.
443	J. H.	Bohemian	w	41 41	m	Forceps.
444	A. B.	Prus.-Pole	w	32 32	f	Arm presentation, born without returning arm with slight assistance.
445	A. M.	German	w	33 37	f	Attempt to save child by version, still-born, could not apply forceps.
446	R.M.C.	American	w	37 33	f	Arm presentation, podalic version, living child.
447	E. M.	Germ.-Am.	w	19 24	f	Normal.
448	B. N.	Hungarian	w	33 36	f	Normal.
449	M. C.	English	w	42 41	m	Normal.
450	L. C.	Germ.-Am.	w	31 33	f	Normal.
451	C. S.	English	w	36 38	m	Forceps.
452	A. D.	English	w	31 34	m	Forceps.
453	S. J.	Bohemian	w	32 34	m	Normal.
454	B. Z.	Bohemian	w	32 45	f	Podalic version, child living.
455	M. C.	Germ.-Eng.	w	41 38	f	Normal.
456	S. J.	American	w	23 25	f	Normal.
457	E. W.	English	w	28 31	f	Normal.
458	F. K.	Irish	w	27 29	f	Normal.
459	L. W.	German	w	28 34	m	Normal.
460	E. P.	Bohemian	w	26 24	m	Podalic version, for malpresent., living child.
461	J. P.	Bohemian	w	32 34	m	Podalic version, child lived.
462	A. T.	Bohemian	w	.....	m	Dead child, forceps delivery.
463	A. McE	Irish	w	31 40	f	Normal.
464	E. C.	Irish	w	20 25	m	Normal.
465	M. M.	Bohemian	w	42 44	f	Normal.
466	A. P.	Eng.-Am.	w	25 34	m	Normal.
467	C. L.	Irish	w	22 22	m	Normal.
468	W. L.	Am.-Germ.	w	.....	...
469	A. G.	Irish	w	32 32	f	Normal.
470	J. K.	Irish	w	24 25	f	Normal.
471	M. T.	Canadian	w	27 27	f	Forceps.
472	A. J.	Welsh	w	33 36	m	
473	M. J. M.	German	w	32 37	f	Normal.
474	B. N.	Bohemian	w	33 40	f	Breech, child living.
475	D. B.	Irish-Eng.	w	34 50	m	Normal.
476	C. C.	Irish	w	29 44	m	Normal.
477	F. K.	German	w	45 50	m	Forceps delivery, very large child.
478	M. Y.	Bohemian	w	.....	m	Narrow antero-posterior diameter, still-born,
479	E. F. C.	Irish	w	28 30	f	Primipara, slow. [large child, version.
480	M. K.	Danish	w	27 24	f	
481	J. E.	American	w	.....	m	Normal.
482	M. B.	Low Dutch	w	18 21	f	Primipara.
483	F. B.	German	w	24 35	m	Syphilitic.
484	M. J.	Bohemian	w	34 35	f	
485	M. K.	Irish	w	38 45	m	Normal.
486	C. J.	Irish	w	30 35	f	Normal.
487	A. B.	Polish	w	33 39	f	Forceps.
488	J. C.	Polish	w	36 38	f	Normal.
489	C. S.	.....	w	.....	m	

No.	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
490	M. S.	Irish-Eng.	w	34 47	f	Normal.
491	H.	Bohemian	w	.....	f	Normal.
492	T. P.	Bohemian	w	.....	m	Forceps, still-born.
493	M. B.	German	w	33 35	f	Normal.
494	M. T.	Bohemian	w	46 43	f	
495	E. B.	Irish	w	32 29	f	
496	J. K.	Bohemian	w	.....	m	
497	J. P.	English	w	30 38	m	Normal.
498	L. Z.	Bohemian	w	24 28	f	Normal.
499	E. W.	Bohemian	w	.....	f	Normal.
500	R. M.	Irish-Can.	w	26 22	m	Normal.
501	M. B.	American	w	17 24	f	Primipara.
502	L. H.	American	w	19 22	f	Primipara.
503	K. J.	Bohemian	w	41 41	f	
504	M. K.	Bohemian	w	19 22	m	Primipara, forceps, still-born.
505	S. W.	Germ.-Boh.	w	.....	m	Normal.
506	J. T.	German	w	22 28	m	Forceps.
507	M. T.	Germ.-Eng.	w	27 31	m	Normal.
508	M. A.	Bohemian	w	.....	f	Forceps.
509	M. G.	Low Dutch	w	30 30	m	Shoulder present., podalic version, living child.
510	M. O'M	Irish	w	.....	f	Normal.
511	M. P.	Polish	w	37 38	f	Cross-birth, version, living child.
512	M. A.	Germ.-Am.	w	.....	f	Normal.
513	W. S.	Can.-Am.	w	.....	...	Putrid, delivered at 6th mo.
514	B. H.	Irish	w	28 27	m	Primipara.
515	A. J.	Danish	w	31 31	m	
516	A. T.	Polish	w	.....	f	Face presentation, forceps delivery.
517	M. B.	American	w	20 22	m	Primipara, forceps.
518	E. S.	.....	w	37 31	f	
519	A. B.	Platt Deut.	w	29 29	m	Normal.
520	M. K.	Bohemian	w	37 49	m	
521	A. P.	Bohemian	w	35 36	f	
522	K. L.	Holland	w	34 46	m	
523	I. McF.	Can.-Irish	w	22 24	m	
524	L. T.	Bohemian	w	23 32	m	
525	H. Z.	American	w	16 23	m	Primipara, forceps.
526	K. V.	Bohemian	w	27 34	m	
527	A. O.	Bohemian	w	35 35	f	
528	A. V.	Russian	w	32 29	m	Craniotomy.
529	B. B.	Platt Deut.	w	.....	m	
530	S. K.	Irish	w	36 44	m	Forceps.
531	C. E.	Irish	w	.....	m	Normal.
532	A. S.	Bohemian	w	32 34	m	Forceps.
533	M. B.	Irish	w	.....	m	Normal.
534	M. McD	Canadian	w	.....	m	Normal.
535	R. F.	American	w	24 24	m	Primipara.
536	T. S.	German	w	37 39	f	
537	A. K.	Bohemian	w	.....	m	
538	J. H.	.....	w	28 34	m	Normal.
539	H. A.	Norwegian	w	25 26	f	Primipara.
540	M. W.	Bohemian	w	.....	m	{ Primipara, no os uteri to be found; after a long time the uterus was bored through with finger where it seemed the os ought to be; everything went well afterwards, though dilatation was slow.
541	M. M.	Bohemian	w	42 50	m	Forceps.
542	K. L.	Irish	w	.....	m	Normal.
543	M. G.	German	w	42 41	f	Normal.
544	M. R.	American	w	25 34	m	Normal.
545	A. M.	German	w	36 39	f	Version, dead child.
546	K. H.	Bohemian	w	38 38	m	Normal.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
547	L. S.	Germ.-Am.	w	.....	m	Primipara.
548	E. S.	German	w	.....	f	Primipara, normal.
549	M. M.	Can.-Am.	w	.....	m	Normal.
550	K. M.	German	w	28 31	f	Normal.
551	H. G.	Germ.-Am.	w	.....	f	Normal.
552	M. K.	Bohemian	w	.....	m	
553	M. H.	Bohemian	w	38 40	f	Forceps.
554	M. K.	Bohemian	w	33 33	m	Forceps.
555	B. S.	Bohemian	w	.....	m	Forceps.
556	E. M.	Germ.-Am.	w	25 27	m	Primipara.
557	E. P.	English	w	.....	f	Normal.
558	M. T.	German	w	29 36	m	Normal.
559	M. K.	Germ.-Pole	w	.....	f	Forceps.
560	J. T.	American	w	34 37	m	
561	I. F.	Irish	w	24 22	f	Normal.
562	M. S.	Bohemian	w	.....	m	
563	K. C.	Irish	w	28 32	m	Normal.
564	.....	Bohemian	w	.....	.....	Version after Drs. F. and C. had given over, child dead before I commenced.
565	M. P.	Bohemian	w	29 33	m	Forceps.
566	M. F.	American	w	37 39	f	Normal.
567	L. V.	Bohemian	w	.....	m	
568	M.A.P.	English	w	33 28	f	Normal.
569	A. H.	Bohemian	w	34 37	m	{ Narrow antero-post. diameter at superior strait, forceps would not hold, podalic vers., child very large head and dead, im- possible to deliver child rapidly enough to save it.
570	M. M.	Bohemian	w	24 30	m	Normal.
571	A.M.C.	Irish	w	23 24	f	Normal.
572	K. Q.	German	w	28 30	f	Normal.
573	M. R.	American	w	.....	f	Primipara, forceps delivery, moderate laceration, immediate suture.
574	H. S.	German	w	24 24	m	Shoulder presentation, pod. version, child living.
575	M. H.	Danish	w	30 37	f	Normal.
576	K. L.	German	w	28 36	f	Normal.
577	E. H.	Welsh	w	30 34	f	Normal.
578	W. M.	German	w	32 42	f	Version for cross-birth, child living.
579	S. S.	American	w	31 33	m	Vectis to lever by, a prominent coccyx.
580	B. H.	Irish	w	28 31	m	Primipara, normal.
581	F. S.	German	w	22 26	f	Normal.
582	L. B.	German	w	44 43	m	
583	A. G.	.....	w	22 23	m	Primipara, forceps.
584	F. P.	German	w	23 25	m	Primipara.
585	R. R.	Am.-Bast'rd	w	.....	f	Primipara.
586	M. S.	American	w	.....	f	Normal.
587	A. B.	.....	w	22 24	f	Primipara.
588	E. W.	Bohemian	w	.....	f	
589	E. S.	German	w	20 24	f	Primipara.
590	M. L.	German	w	28 31	m	Primipara.
591	S. J.	American	w	24 30	m	Normal.
592	M. K.	Bohemian	w	20 23	m	Primipara, forceps.
593	A. G.	Irish	w	38 40	m	Still-born, forceps.
594	B. N.	Hun.-Jew	w	36 39	f	Normal.
595	M. C.	Irish	w	38 43	f	Arm presenting, version podalic, child lived.
596	M. M.	Irish	w	36 37	m	Normal.
597	M.A.T	Canadian	w	28 28	f	Normal.
598	M. D.	Bohemian	w	36 35	m	Shoulder present., podalic vers., fractured right humerus, good recovery.
599	A. S.	Bohemian	w	19 20	f	Primipara, forceps.
600	A. L.	German	w	24 26	m	Forceps delivery, child dead.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex	Remarks.
601	M. S.	German	w	19 29	f	Primipara, laceration perineum, sutured, scarlatina developed in same room, perineum failed to unite, woman died of septic fever with a tem. of 110½.
602	N. M.	Irish	w	27 29	m	Still-born child.
603	E. J.	Bohemian	w	26 35	f	Normal.
604	M. C.	Irish	w	21 24	m	Forceps.
605	M. B.	American	w	....	f	Normal.
606	A. F.	Bohemian	w	38 33	m	Placenta prev., hemorrhage commenced on 12th, plugged, version 8 hours after, dead child, mother recovered after long illness.
607	A. J.	Danish	w	....	m	Normal.
608	E. M.	American	w	....	....	Premature, 4th month, back present., delivered by pushing blunt hook around spine.
609	M.A.M	German	w	34 39	...	Normal.
610	A. P.	Bohemian	w	33 33	mf	Twin, 1st breech birth, funis presenting.
611	M. R.	Irish	w	....	m	Primipara.
612	E. K.	German	w	33 43	m	Normal.
613	J. S.	German	w	22 24	f	Primipara, forceps.
614	B. McH	Irish	w	....	f	Primipara, forceps.
615	K. L.	German	w	....	f	Primipara, forceps.
616	A. K.	Bohemian	w	22 24	m	Primipara, breech present., child dead.
617	L. S.	German	w	24 24	f	Primipara.
618	M. J.	Bohemian	w	....	m	
619	M. G.	Irish	w	35 32	f	Forceps, always a hard labor.
620	M. J.	Bohemian	w	....	f	Yellowish-green cord and placenta, waters turbid, dirty brown, child living, first living child after losing 6 in birth.
621	E. D.	English	w	24 27	m	Quick.
622	E. S.	.....	w	30 24	f	Primipara, normal.
623	F. F.	Irish	w	32 37	f	Large child, perineal laceration in delivering
624	S. McC.	Irish	w	27 25	m	Primipara, tedious. [shoulders.
625	M. P.	Bohemian	w	31 43	2f	Twin.
626	A. M.	German	w	42 43	f	Shoulder present., midwife undertook to turn, killed the child and failed, chloroform version, mother O. K.
627	E. K.	Bohemian	w	26 33	f	Normal.
628	M. B.	American	w	19 26	f	Normal.
629	C. M.	Irish	w	29 32	m	Footling, child living.
630	A. H.	Bohemian	w	....	f	Primipara, face present., chin under symphysis,
631	E. M.	American	w	26 28	f	Normal. [forceps delivery, dead.
632	M. B.	German	w	36 38	...	Waters broke at 7th mo., labor came on one week after! Child lived 8 days.
633	E. O.	Germ.-Am.	w	16 21	m	Footling, premature, dead 2 weeks.
634	A. N.	Bohemian	w	28 31	f	Forceps, hereditary syph.
635	M. P.	American	w	....	f	Primipara.
636	M. J.	Bohemian	w	22 27	f	Frontal or forehead present., forceps, dead.
637	M. V.	Bohemian	w	20 24	m	Post. P. hemorrhage.
638	M. C.	Germ.-Eng.	w	44 43	f	Forceps, child living.
639	M. H.	German	w	25 28	m	Forceps, child living.
640	S. H.	English	w	38 41	f	Forceps, tedious, O. K.
641	A. K.	Polish	w	....	m	
642	A. B.	Can.-Irish	w	22 25	f	Primipara, normal.
643	J. P.	Bohemian	w	23 37	m	Dead child, forceps delivery.
644	M.A. H	English	w	26 28	m	Putrid child.
645	B. L.	Germ.-Bast.	w	18 —	f	
646	M.B.F.	American	w	....	f	Normal.
647	P.	Bohemian	w	....	...	Forceps delivery, O. K.
648	L. M.	American	w	25 26	f	Primipara, normal.
649	L. B.	German	w	37 35	f	Normal.

No.	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
650	M. B.	Polish	w	37 43	f	Forceps, O. K.
651	R. K.	Polish	w	39 40	f	Forceps, O. K.
652	B. K.	Bohemian	w	23 27	f	Primipara.
653	B. M.	American	w	21 30	f	Primipara, slight laceration.
654	A. P.	Bohemian	w	39 39	m	Forceps.
655	A. Z.	Bohemian	w	21 25	m	Primipara, forceps.
656	A. T.	German	w	26 25	f	Breech present., living child.
657	A. H.	German	w	27 30	m	
658	M. H.	Bohemian	w	24 26	m	Primipara, footling and funis presenting, re- turned funis and extracted child living.
659	L. P.	Eng.-Can.	w	19 21	f	Primipara, normal.
660	R. W.	Polish	w	37 36	m	Forceps, O. K.
661	R. M.	Irish	w	28 24	m	Normal.
662	E. M.	Can.-Am.	w	24 26	m	Normal.
663	B. F.	Irish	w	37 42	f	Normal.
664	E. P.	English	w	27 28	m	Normal.
665	B. S.	Bohemian	w	43 43	m	Funis presenting in front of head, child dead,
666	I. M.	American	w	26 27	m	Normal. [delivered with forceps.
667	.....	Bohemian	w	.....	.....	Craniotomy.
668	S. J.	Bohemian	w	34 36	f	Normal.
669	M. V.	Bohemian	w	42 51	m	Breech present., made a footling and extracted,
670	M. S.	Am.-Germ.	w	31 38	f	Normal. [child lived.
671	D. H.	German	w	27 21	m	Primipara, forceps.
672	P. K.	German	w	19 21	m	
673	M. M.	Bohemian	w	44 39	f	Vertex presentation, head would not engage, changed to footling and extracted, child living.
674	E. P.	German	w	35 41	m	Breech presentation, child living.
675	A. W.	German	w	31 31	m	Normal.
676	I. B.	Bohemian	w	22 24	m	Primipara.
677	M. W.	Bohemian	w	23 28	f	Normal.
678	M. E. A.	German	w	28 31	f	Normal.
679	M. D.	Bohemian	w	27 24	m	Forceps.
680	A. G.	Prus.-Pole	w	.....	m	Shoulder pres., pod. vers., child lived.
681	F. S.	Bohemian	w	33 46	f	Podalic version, arm and shoulder presenting, child dead before operating.
682	F. M.	Bohemian	w	39 39	f	General anasarca, child and mother doing well
683	M. P.	Polish	w	32 31	f	{ Placenta previa central or nearly so, pushed through to one side and brought down a foot, child dead, hemorrhage for three months, delivery at term.
684	M. S.	American	w	.....	m	Normal.
685	R. Y.	Bohemian	w	.....	m	{ Face present., tried to rectify, failed; tried vectis, then forceps, failed; finally podalic version, child living!
686	M. B.	Bohemian	w	18 23	f	Primipara, forceps.
687	A. K.	Bohemian	w	28 28	m	Forceps, putrid.
688	A. W.	German	w	20 23	m	Forceps.
689	A. L.	German	w	.....	m	Forceps, large child, still-born, injured in birth.
690	C. S.	Bohemian	w	43 54	f	Forceps, O. K.
691	A. M.	German	w	.....	m	Narrow pelvis, head would not engage, forceps slip, podalic vers., child still-born.
692	J. L.	Bohemian	w	44 43	m	Forceps, living child.
693	C. S.	German	w	27 29	f	Putrid.
694	M. M. D.	Canadian	w	29 29	m	Normal.
695	K. V.	Bohemian	w	30 37	m	Forceps, O. K.
696	H. K.	German	w	24 28	m	Normal.
697	I. S.	German	w	28 29	m	Face presentation, forceps delivery, child living.
698	H. G.	American	w	.....	f	{ Primipara, rigid perineum, short forceps, lacerated to sphincter, no stitching, healed by granulations.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
699	F. K.	Bohemian	w	25 25	m	Forceps, O. K.
700	E. H.	Eng.-Welsh	w	31 36	f	Normal.
701	M. G.	American	w	25 32	f	(Octoroon) Normal.
702	M. P.	Bohemian	w	20 23	f	Primipara, forceps, O. K.
703	K. H.	Bohemian	w	.....	2f	Twin, both breech presentation, both living.
704	A. B.	Bohemian	w	24 26	m	Primipara, forceps, O. K.
705	M. K.	Bohemian	w	.....	m	Forceps, O. K.
706	M. D.	Irish	w	.....	m	Normal.
707	H. M.	Irish	w	32 38	m	Normal.
708	M. B.	German	w	24 30	m	Primipara.
709	D. S.	Danish	w	35 33	f	Normal.
710	M. F.	Irish	w	.....	f	Normal.
711	J. B.	Bohemian	w	17 22	m	Primipara, forceps, O. K.
712	M. H.	Bohemian	w	21 24	m	Primipara, forceps.
713	A. F.	Bohemian	w	41 36	f	
714	S. B.	German	w	.....	f	
715	S. D.	English	w	.....	f	Breech present., living child.
716	M. S.	American	w	25 32	f	Normal.
717	A. C.	.....	w	21 25	m	Primipara, normal.
718	M. J.	Bohemian	w	29 24	f	Forceps.
719	A. H.	Bohemian	w	22 28	f	Version, living child.
720	M. T.	Ger.-Eng.	w	38 35	f	Normal.
721	C. S.	American	w	24 27	m	Premature, footling, dead.
722	.....	Bohemian	w	.....	...	Forceps delivery, O. K.
723	A. W.	German	w	28 32	f	Normal.
724	J. P.	Bohemian	w	32 28	m	Forceps delivery, left labia maj. swelled and
725	M. T.	German	w	31 38	m	Footling, O. K. [burst from blood pressure.
726	K. H.	Bohemian	w	39 45	m	Forceps, above brim, child O. K.
727	M. A.	Boh.-Am.	w	22 38	f	Premature, primipara.
728	B. A. Y.	Bohemian	w	34 37	m	Arm and head version, living child.
729	A. M. P.	German	w	35 —	m	Normal (posthumous).
730	H. S.	Bohemian	w	25 30	m	Elbow present., podalic version, delivered all but head, hyrrn cephalic, perforation, extraction.
731	E. N.	Bohemian	w	43 33	f	Head and funis presenting, child dead, forceps
732	M. H.	Danish	w	32 39	f	Normal. [delivery.
732	J. R.	Bohemian	w	28 33	m	Forceps.
733	H. L.	American	w	24 —	mf	{ Twins, puerperal eclampsia, 3 convulsions before deliv., ruptured membranes, both children living, 1st delivered by feet, 2nd by forceps.
734	A. O.	Bohemian	w	39 39	m	Narrow pelvis, large child, wt. 12 lbs., delivered
735	M. A. D.	Canadian	w	27 30	f	Normal. [with forceps, dead.
736	A. F.	German	w	19 20	f	Primipara, normal.
737	L.	Bohemian	w	.....	m	Still-born.
738	M. S.	Polish	w	33 40	m	Forceps, O. K.
739	M. J. T.	American	w	34 36	m	Normal.
740	Z. H.	Bohemian	w	.....	m	Forceps (posthumous).
741	C. C.	Irish	w	30 48	m	Cord 3 times around child's neck.
742	T. P.	Bohemian	w	.....	f	Premature.
743	J. P.	Bohemian	w	36 39	f	Footling, cord 50 in. long, child O. K.
744	T. H.	Bohemian	w	33 45	m	Partial placenta præv., podalic vers., mother and
745	G. L.	German	w	37 49	f	Normal. [child doing well.
746	M. G.	German	w	34 35	m	Normal.
747	M. A. G.	English	w	26 28	f	{ Much amniotic fluid, child has myxœdema and spinabifida, lived 10 m., child so rigid that extraction was difficult, body would not adapt itself to curve of outlet.
748	S. R.	Irish	w	27 30	f	Shoulder present., podalic vers., under chlorof., dead child.
749	L. A.	Norwegian	w	27 39	m	Normal.
750	A. B.	American	w	19 22	m	Prim., face present., forceps, child lived 3 days.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex	Remarks.
751	A. B.	Am.-Germ.	w	21 24	m	Primipara, forceps, O. K.
752	M. S.	German	w	26 24	m	Normal.
753	M. B.	Bohemian	w	....	m	Breech present., hook, O. K.
754	J. P.	Polish	w	....	m	Dry, forceps, O. K.
755	M. D.	Bohemian	w	....	f	Forceps, high operat., child O. K.
756	S. J.	American	w	....	m	Normal.
757	C. G.	German	w	26 28	f	Normal.
758	M. M. B.	English	w	....	f	Primipara.
759	H. S.	German	w	28 28	m	Tedious.
760	B. S.	Germ.-Jews	w	....	m	Primipara.
761	M. M.	Can.-Germ.	w	....	f	Normal.
762	E. M.	German	w	....	m	Normal.
763	M. K.	Irish	w	22 29	f	Normal.
764	M. B.	Welsh-Am.	w	24 26	m	Normal.
765	J. W.	Bohemian	w	29 —	m	Forceps, O. K.
766	A. G.	Polish	w	....	f	Primipara, forceps, O. K.
767	L. H.	Irish-Welsh	w	....	f	Primipara.
768	A. D.	German	w	24 24	f	Child lived one-half hour, congenital syphilis.
769	A. M.	Bohemian	w	24 36	f	Primipara, forceps.
770	M. L.	German	w	....	f	Normal.
771	J. J.	Bohemian	w	33 38	m	Living child, adherent placenta, breech presentation, brought down foot.
772	W. M.	Irish	w	30 30	m	Forceps, O. K.
773	I. T.	German	w	26 29	m	Primipara.
774	M. L.	Bohemian	w	....	f	Primipara.
775	M. Z.	Polish	w	25 35	m	Arm pres., podalic vers., child O. K.
776	E. H.	English	w	....	m	Normal.
777	S. K.	Polish	w	29 28	m	Slow.
778	C. K.	German	w	36 42	m	Pod. vers., child O. K.
779	L. M.	German	w	27 28	m	Normal.
780	M. H.	German	w	41 40	f	Normal.
781	A. J.	Prus.-Pole	w	35 38	f	{ Labor began premature early in P. M., pains ceased in evening, went to sleep till 11 P. M., awakened by Dr., who found head presenting through os, extracted living child without uterus acting.
782	A. S.	Bohemian	w	31 34	m	Cross-birth, feet and hands presenting, brought [down feet, living child.
783	A. K.	Bohemian	w	....	f	
784	M. B.	American	w	....	m	Normal.
785	M. O'M	Irish	w	....	f	Normal.
786	F. Z.	Bohemian	w	24 24	m	Primipara, forceps, O. K.
787	K. H.	German	w	24 26	f	Normal.
788	A. R.	German	w	....	m	Primipara.
789	K. T.	Bohemian	w	....	f	Primipara, forceps, O. K.
790	E. R.	Irish	w	....	m	Normal.
791	A. H.	German	w	....	m	Forceps, O. K.
792	E. H.	Irish	w	36 40	m	Version, pod., O. K.
793	A. M. H	German	w	27 29	m	Normal.
794	M. M.	German	w	36 41	f	Normal.
795	K. E.	Irish	w	29 27	m	Normal.
796	B. S.	Bohemian	w	32 32	f	Normal.
797	A. M' C.	Irish	w	....	m	Normal.
798	F. P.	German	w	25 28	m	{ Partial placenta previa, arm and funis presented, podalic version, 8th mo. gestation, child living.
799	F. S.	German	w	....	f	Normal.
800	H. G.	Bohemian	w	28 28	m	Normal.
801	F. P.	Bohemian	w	....	mf	One delivered by forceps, one footling, both living.
802	A. V.	Bohemian	w	33 39	f	Forceps, O. K.
803	A. N.	German	w	....	f	Congenit. syphilis, podalic version, dead child.

No	Name.	Nationality.	Color.	Age Par- ents.	Sex.	Remarks.
804	M. K.	Irish	w	40 39	f	{ Attended by midwife, mother in articulo mortis when first seen, hands and feet blue, dead child delivered by forceps within 15 min. after entering house, woman died in half an hour from heart failure.
805	F. S.	Irish	w	39 36	...	
806	K. D.	German	w	40 51	f	Face present., forceps, O. K.
807	B. F.	Irish	w	40 42	2m	Twin, normal.
808	J. W.	Bohemian	w	....	m	Normal.
809	J. N.	Irish	w	37 40	f	Normal.
810	N. H.	American	w	23 25	m	Normal.
811	R.	German	w	....	....	Premature.
812	J. C.	Canadian	w	36 42	f	Normal.
813	E. S.	German	w	....	f	Primipara.
814	A. M.	Bohemian	w	42 42	f	Podalic version, living child, mother weighs 240
815	M. M.	Jew-Boh.	w	23 31	m	Primipara. [pounds and 42 years old.
816	J. S.	Irish	w	....	m	Normal.
817	S. R.	Irish	w	28 30	f	Arm present., pod. vers., living child.
818	E. P.	English	w	30 30	f	Face to fore.
819	F. R.	German	w	19 25	m	Primipara.
820	M. S.	Bohemian	w	41 38	m	Arm present., pod. vers., dead.
821	B. D.	Bohemian	w	32 32	m	Hand present., pod. vers., child lived 10 min- utes, seemed unable to inflate lungs.
822	N. M.	Irish	w	37 43	f	Normal.
823	H. K.	German	w	26 30	m	Normal.
824	M. B.	German	w	....	m	Normal.
825	C. F.	Irish	w	28 28	f	Normal.
826	C. J.	Irish	w	35 39	m	Normal.
827	L. B.	American	w	....	m	Breech.
828	E. W.	American	w	....	f	Still-born (bastard).
829	C. S.	Canadian	w	....	f	Normal.
830	B. C.	Irish	w	....	m	Forceps.
831	B. G.	Germ.-Irish	w	....	f	Normal.
832	A. H.	Bohemian	w	40 43	2f	Twin, 1 knee present., 1 vertex present., changed to feet, both living.
833	A. W.	Bohemian	w	30 33	m	Arm present., podalic vers., child resuscitated.
834	M. E.	German	w	....	m	Forceps.
835	E. R.	American	w	19 30	m	Still-born.
836	E. A.	German	w	23 27	m	Normal.
837	L. K.	German	w	34 38	m	Normal.
838	L.	Bohemian	w	....	....	Premature, arm present., removed arm and [turned.
839	A. H.	Bohemian	w	....	m	Footling, O. K.
840	J. S.	Bohemian	w	21 29	f	Normal.
841	M. C.	American	w	25 29	2f	Twin, primipara.
842	V. M.	German	w	36 46	m	Cross present., feet brought down, O. K.
843	M. D.	German	w	34 40	m	Forceps applied above brim and would not hold, cephalotribe applied, child born alive.
844	B. R.	Bohemian	w	24 44	m	Child large and dead, delivered in 2 hours with [forceps.
845	C. E.	American	w	32 38	f	Normal.
846	L. B.	....	w	18 33	m	Primipara.
847	A. D.	German	w	26 23	m	Primipara.
848	M. R.	....	w	25 32	m	Normal.
849	M. M. D.	....	w	31 32	f	Normal.
850	J. M.	Boh.-Am.	w	21 21	m	Primipara, premature.
851	D. R.	Irish	w	....	m	Normal.
852	M. D.	Bohemian	w	26 26	f	Forceps, O. K.
853	K. S.	Bohemian	w	31 34	f	Normal.
854	M. T.	Germ.-Eng.	w	....	f	Normal.
855	M. S.	Polish	w	32 33	m	Forceps.
856	B. B.	German	w	24 32	f	Normal.

No.	Name.	Nationality.	Color.	Age Par- ents.	Sex	Remarks.
859	A. S.	Bohemian	w	32 34	f	Normal.
860	A. D.	German	w	.....	m	Normal.
861	A. F.	Bohemian	w	33 34	f	Cross-birth, hands, navel, brought down feet, delivered a premature, living child.
862	E. H.	Eng.-Welsh	w	23 24	m	Primipara, normal.
863	A. S.	German	w	37 38	f	Forceps, child O. K.
864	A. B.	Bohemian	w	22 26	m	Forceps, primipara.
865	A. K.	Bohemian	w	.....	m	{ Child still-born, circulation interrupted by navel being tightly drawn about neck, delivered by forceps, primipara.
866	A. S.	German	w	24 25	m	{ Breech presentation, extract with hook, living child, adherent placenta, manual extraction, severe hemorrhage.
867	C. W.	Irish	w	25 29	m	Primipara, normal.
868	M. P.	German	w	32 35	f	Primipara, forceps, O. K.
869	S. W.	American	w	21 24	f	Normal.
870	M. J.	Bohemian	w	.....	m	Forceps, O. K.
871	A. McG	Irish	w	36 38	m	Forceps, dry labor, O. K.
872	R. B.	Polish-Boh.	w	21 21	m	{ Primipara, navel came down in front of head, child dead, applied forceps, slipped, podalic version.
873	D. S.	Danish	w	38 36	f	Premature, 6th mo., hemorrhage for 3 weeks, labor, knee present., still-born.
874	E. V.	English	w	28 35	f	Normal.

It is perhaps not fully understood that a large number of these cases of labor here enumerated might be considered consultation cases, when I was called to assist midwives, and would probably represent all the difficult or unusual cases occurring in two or three thousand confinements. Hence the larger number of instrumental cases and cases in which podalic version was resorted to than usually occur in private practice.

Short forceps were used frequently in primipara to *control* the movements of the child's head to prevent laceration, not entirely for the purpose of extraction. I frequently extract between pains and hold the head back during a "pain."

REPORT OF PROGRESS IN GYNÆCOLOGY.*

BY A. B. CARPENTER, M. D., CLEVELAND, OHIO.

In my report for 1886 it was stated that few new operations or inventions had come forward for approval during that year. In a similar report presented for your consideration at the close of 1887 there seemed little worthy of mention in the way of decided innovations. That crucial test, time and experience, has been applied with much thoroughness during the past year, and the results have been that several new methods have become permanently established as well as greatly improved.

The simplifying of the operation for cesarean section, thereby tending to reduce the great mortality, the discarding of ligatures for the broad ligament in extirpation of the cancerous uterus, together with a clearer idea as to what justifies the operation for abdominal hysterectomy, are points worthy of consideration at this time. The mortality following these operations is yearly growing lower. The statistics in operations for ovariectomy show a reduction in the death rate to less than 4 per cent. Operations on the endo-metrium are now undertaken with less fear as to inflammatory complications following—results no doubt due to the strict use of antiseptic irrigation. Operations on the cervix and perineum are more uniformly successful than ever before, few cases when properly made resulting in non-union. The line is being more closely drawn between *mechanical* and *surgical* surgery, and, take it all in all, the department of Gynæcology stands higher to-day as a distinctive specialty than ever before in its history.

ANTISEPTICS.

Sublimate 1-2000, 1-5000, still holds first place except for instruments and operations in the abdominal cavity, few cases of mercurial poisoning having of late been reported.

* Read before the Cuyahoga County Medical Society, at Cleveland, December 6.

UTERINE THERAPEUTICS.

Salol, creoline, antipyrine and chloride of gold have been brought to the attention of the profession, and from present indications will find a permanent place in the therapeutics of gynæcology.

MECHANICAL SUPPORTS.

Pessaries remain about the same as last year. No specially new shapes. Hodges, with the various modifications, still holds first place. Belts and stems continue to grow more unpopular.

LOCAL TREATMENT.

What constitutes local treatment and what are the conditions that justify its application? More women, it is safe to say, have been humbugged and more money taken from the pockets of long-suffering husbands under the pretext that the patient has uterine trouble, than perhaps all other ills that female flesh is heir to. Local treatment consists in the application of proper agents to the vagina, cervix and uterine canal, but before this there must be a clear and well-defined idea as to what is to be accomplished.

The entire armamentarium of many a good physician for the treatment of uterine disease consists of a single bottle of tincture of iodine and a glycerine plug. The patient is charged to take a hot douche and the work is complete. Is this not true? The glycerine tampon is falling into disrepute, and the almost universal custom of prescribing hot water is fast losing favor. Many women undergo local treatment when it has no bearing whatever on the case. They patiently submit to the tampon iodine swab and hot water douche, hoping and anxiously expecting the return of health that in many cases never comes. There are many conditions where nothing but surgical aid will be of the slightest avail. What benefit can a patient derive from local treatment when suffering from a distended tube, a displaced ovary bound down by adhesions, or a vagina, the outlet so large that a child at full term can

make its exit with scarcely a single pain? Local treatment has been done to death.

Another bit of routine advice, and given by men high in the profession, is the pregnancy one. Not a few women are carried along with the assurance that with the advent of pregnancy they will again be restored to health. I should here like to relate a case that occurred in my practice during the past summer. A lady of intelligence consulted me for some supposed uterine trouble, and said in the course of my inquiries that she had been treated by Dr. — for two years; that he told her if she could become pregnant, her bad symptoms and feelings would be relieved. She stated to me that she had suffered from an abortion four years ago, and was confined to her bed for over three months at that time, and had had from time to time since a nasty discharge that emitted a very bad odor. An examination revealed a case of tubal disease, both tubes being involved and distended; the left ovary exceedingly tender down behind the uterus and fixed by adhesions. I venture to predict that nothing short of immaculate conception will ever cause this woman to bear a child. Physicians who give this sort of advice seem to be entirely unmindful that prescriptions of this kind cause these patients to submit to a condition of affairs that is not only injurious and painful but in not a few instances brutal. Pregnancy as a curative agent, except, perhaps, in the case of neurotic childless women, is a failure, the advice bad, and the results not what are represented and should not be given.

PELVIC ABSCESS.

The pathology of pelvic abscess has undergone a great change during the past year, and is now looked upon as tubal in its origin by men who are recognized as careful investigators in pathological conditions. Text-books bearing a later date than 1888 will have the chapters devoted to pelvic abscess entirely unlike what we now have on the subject. The tubal theory is fast gaining ground, and a large

number of post-mortems, with special reference to the pathology of the subject, strongly substantiates this belief.

ALEXANDER'S OPERATION.

This operation seems to have grown in favor during the last twelve months. Attention is called to an interesting *résumé* of the subject, giving the indications and contra-indications that appear in the November number of the American Journal of Obstetrics by Mundé. There seems no doubt that the operation is destined to become a recognized one, that under certain conditions will give great relief to the patient. The point raised that where the uterus is bound down by adhesions the operation should not be undertaken, is well made.

UTERINE FIBROIDS.

It is unnecessary for me to review the arguments that have been made for and against the treatment of uterine fibroids by the Apostoli method. They are familiar to you all. Men whose opinions are held in high esteem by the profession, on one hand condemn, while those of equally good reputation on the other commend this plan of treatment.

An experience of less than one year does not warrant me in giving an opinion, as under such circumstances it would be of little value, yet I venture to predict that electrolysis as a palliative measure will secure a permanent place in gynecological practice—that, as a curative agent, the claims will possibly not be sustained. There will be individual cases where the tumor will entirely disappear, yet this occurs with other forms of treatment. There seems to me little doubt but that hemorrhage and the harassing reflex pains can be brought under control, the growth stunted and the suffering woman be carried on to her meno-pause, with the advent of which she may expect relief. The operations for oöphorectomy and hysterectomy will still have to be performed, as my short experience leads me to believe that there are *cases* which cannot be treated at all by electricity. These operations, however, will probably be made less frequently than

in the past. As regards electrical dosage, precautions to be observed in giving the treatment, etc., as suggested by me in an article appearing in the *Medical Record* of July 7 of this year, I will say, further experience does not cause me to desire to change those opinions. These remarks do not apply to galvano-puncture, which seems to promise well.

THE HYSTERO NEUROSES.

The manifold symptoms arising from reflex disturbances, that manifest themselves so frequently during the menstrual life, are receiving careful attention at the hands of the gynæcologists of to-day. Engelmann defines the term "as a phenomenon which simulates a morbid condition in an organ that is anatomically in a healthy state." "These reflexes in many cases being due to morbid or structural changes in the uterus or appendages."

In a majority of cases of this kind a careful inquiry will almost universally reveal the fact that the patient is made up of an unstable, impressionable material, easily excited and with little or no mental or physical stamina. They fall victims to insomnia and become a burden to themselves and their friends. It seems that this class of patients are yearly increasing in number, and that they tax the patience and resource of the physician it would be needless to say. The materia medica is in not a few instances nearly exhausted in trying to find a remedy to fit the case, and yet it drags on. Special emphasis is now being placed on the necessity of removing these sufferers from their homes and isolating them with a strong and cheerful nurse where forced feeding, rest, massage and electricity can be obtained. It is really wonderful to see, under this plan of management, from what depths of despondency and woe these women will ascend. Engelmann has gone more thoroughly into this subject than any writer with whom I am familiar, and his writings are worth a careful reading.

DISEASES OF THE FEMALE BLADDER AND URETHRA.

Skene in his late and most admirable work on diseases of women devotes a large chapter to the consideration of the

anatomy, development and pathology of these organs. Organic and functional disturbances of the bladder and urethra play a very important part in the reflex troubles in women. How many of them are made absolutely miserable simply by the presence of a small urethral papilloma, or whose nights of sleep are constantly broken by some reflex difficulty causing them to frequently evacuate the contents of the bladder! Dr. Skene is to be congratulated on giving to us so admirable a dissertation on this subject. More attention to detail and a recognition of many of the hitherto ignored smaller conditions is one of the promising features of our present progress.

NEW LITERATURE.

Winckle of Munich sends forth a work rich in pelvic pathology for our consideration. It is translated into English and also contains an introduction by Theophilus Parvin. The work has been very favorably reviewed.

Alexander Skene of Brooklyn is also the author of a work on disease of women of which he may feel proud. The book contains 950 pages profusely illustrated and is just out of press.

NECROLOGY.

No gynæcologists of note have died during the past year.
166 EUCLID AVENUE.

THE NATURE AND ACTION OF FEVER POISONS.*

BY G. A. COLLAMORE, M. D., TOLEDO, O.

Much has been written on this subject, and there is nothing in modern pathology of greater interest to the medical investigator than a consideration of the questions involved in its discussion.

Many facts are now known to us, and with respect to a few diseases these questions are tolerably well settled, except as to that inexplicable portion of the etiology which relates to the essential causation—a problem, the solution of which

*Read before the Northwestern Ohio Medical Association.

is no nearer than the days of Moses, who wrote, "Yielding seed after his kind."

The question which to-day most interests the observer is concerning the essential nature of the vehicle of the poison in the so-called zymotic or infectious diseases. In the case of a very few diseases this vehicle has been discovered in the form of a micro-organism, or germ. It has been tested and found to fulfill certain requirements necessary to complete the full proof of its etiological powers. These requirements are: 1. That the germ shall be isolable and recognizable. 2. That the germ when introduced into the circulation of an animal capable of developing the disease, will produce that disease and no other.

It is evident that the latter requirement, the crucial test, cannot be met in those diseases which affect mankind. The nature of the proof, then, must be to a great degree inferential and therefore unsatisfactory. Only a very few diseases have been found, the germs of which meet both requirements, and those only from the fact that the lower animals are also the subjects of them.

Of the diseases fulfilling the first requirement, *i. e.*, providing germs possibly and in some cases probably infectious, we have a great variety, producing also a variety of germs, and the field is constantly extending.

The following are the chief ones: "Diphtheria, erysipelas, scarlet fever, measles, cerebro-spinal meningitis, yellow fever, typhoid fever, malarial fevers, whooping-cough, cholera, relapsing fever, pyemia, ulcerative endocarditis, pyelonephritis, pneumonia, dysentery, gonorrhœa, leprosy, tuberculosis, malignant edema, syphilis, glanders. It must be a prodigious task to learn the life history of each of these various micro-organisms, the modes of reproduction, conditions of growth, modifications by soil, air, temperature, moisture and environment generally. It is like studying the flora and fauna of an unknown country; it may require years to obtain a full knowledge of any animal or plant; how much greater the difficulty and longer the time if we are forbidden

to propagate the animal in its most suitable conditions, or the plant in its most fertile soil.

The fact that germs have been proved to be the media of contagion in a few cases renders it probable that such may be the case in others, and yet progress in this direction is exceedingly slow. In the diseases named above micro-organisms have been discovered—not always the same, however—by different observers, but it is impossible to know that they are truly causative, because we cannot plant them so as to prove it. We can look at them through the microscope, measure them, color them and guess that, because we found them in our neighbor's house, they must be marauders, or suspicious objects at least. How do we know that they may not be merely transient visitors, or possibly a police force or even a sanitary commission? We cannot prove their guilt or innocence by placing them in the house of another neighbor and seeing how they behave there. We might compare it to holding in our hands a buckeye or a potato, and endeavoring to form a conception of their uses or functions by abstract reasoning.

An object only one nine-thousandth of an inch in length—the average size of bacilli—is somewhat troublesome to investigate. You might put fifty of them in an ordinary white blood corpuscle. As bacilli differ from bacilli in size as well as physiological or pathological characteristics, what is to hinder our conception of a bacterium fifty times smaller than the above average. Of course I presume it would be beyond the recognition of the modern microscope, wonderful as it is. Yet no limit can be placed to the divisibility of matter. If a grain of musk will fill a room with its particles, rendering its presence very evident to the olfactory nerve, and continue to do this for months without appreciable loss of substance, why may we not have imperceptible microbes, and thus account for all the remaining contagions?

But, with our present knowledge of bacteriology, very few germs so far discovered fulfill all the requirements above mentioned, and we are left in doubt as to the actual rôle of those which have been described. Especially difficult is to

harmonize what is known of the germ with what is known of the disease with which it is associated. Granting that one stands to the other in the relation of cause and effect, the point is to ascertain in what manner the microbe attacks or affects the human system so as to originate and perfect or carry through the disease ; and what becomes of the germs at last? Here is a vast field for speculation and theory. The old idea of zymosis was plausible in that it would account for the period of incubation, that space of time, tolerably well fixed for each disease, from the inception of the poison to the beginning of the disease proper. What is going on in this interval? Are the germs multiplying in the body until they become numerous enough to indicate their presence by their specific symptoms? That is a good working theory. But I am not aware that in this incubative stage the blood or other fluids have been examined to determine the presence of the specific germ.

Again, the question is at present under consideration, whether it is the mere presence of the micro-organisms in the system which induces the disease, or the disturbances are brought about by some substance manufactured, if I may so express it, by the germs, which substance is itself of a poisonous nature and acts in a general way like the animal poisons. Various substances of this kind have been discovered and named ptomaines. These are defined as "poisonous alkaloids produced by the decomposition of proteids due to the action of bacteria upon these substances. . . . The character of the ptomaine produced is dependent upon the nature of the bacterium, the character of the food, and the length of time during which the process is active."

As a result of these varying conditions we are becoming acquainted with a large number of these alkaloids, and time alone can show their relation to pathological processes.

It is also known that certain substances having poisonous properties may be generated within the living organism and independently of the action of bacteria.

These leucomaines have also a certain relation to disease, as yet imperfectly understood.

It must be confessed that not much is actually *known* concerning these various fever poisons; and it is so much the easier to write about them, as the extent of the unknown is greater than of the known. These poisons determine modifications of that mysterious force which we call vital action, derange its normal course, upset the harmony of the vital processes and, when introduced in excess, render them incompatible with continuation of existence.

But if our knowledge of the nature of these poisons is limited, more can be claimed for our acquaintance with the results of their action on the human system.

The first point, naturally, is the fever which is always present. The introduction of the poison into the circulation and the presence of the poisoned blood in the nerve centers disarrange the heating processes of the body—whether the thermogenic, the thermolytic or the thermotaxic machinery—either or all—is not yet positively determined. The latest authorities maintain that “increased oxidation is a part of the fever-process,” that heat loss is sometimes greater and sometimes less than heat production, and “that the fever-producing agents must act, either directly or indirectly, upon the mechanism regulating the harmonious relation of heat loss to heat production.” That is, the pathological disturbances, like the physiological processes, are brought about by the action of the toxic agencies upon the nervous system. That is about as far as science has yet advanced, the theory of cerebral heat centres being still only a theory.

So much being granted, the pathological results are more easily reconciled to clinical observations. These changes are, in general, a form of so-called fatty, granular or waxy degeneration occurring in certain organs, especially the heart, the voluntary muscles and often the spleen. These changes, formerly regarded as the direct consequences of protracted hyperthermia, are now more satisfactorily considered as the results of the direct action of the fever poison itself; for the reasons, first, that many fevers of high grade and long continuance are not attended by these degenerations, and secondly, that they make their appearance in

fevers of low range of temperature and moderate length. It must be admitted, however, that high temperature aids in the causation of fatty degeneration of the heart in fever, though to precisely what extent cannot now be determined.

Compare these pathological appearances with those resulting from phosphorus poisoning. I quote Naunyn in Ziemsen's *Cyclopædia*: "The muscular tissue is usually yellowish-red and fatty; . . . the muscular tissue of the heart is pale and evenly colored, of a light grayish-yellow; . . . the cardiac tissue is brittle and appears fatty both to the touch and to the eye; in short, we see a typical fatty heart. . . The liver is, as a rule, enormously enlarged, and presents the appearance of one in a high degree of fatty degeneration. . . The spleen is often recently enlarged. . . The kidneys are very much enlarged and fatty. . . Microscopical examination shows . . . that the muscular fibres of the heart and muscles of the body, the hepatic and renal epithelial cells, . . . are filled with large or small fat drops."

Here we have a description of post-mortem appearances fairly identical with those found in malignant fevers, and caused by the circulation of a mineral poison in the blood. It is rational to assume, inasmuch as the toxic alkaloids of vegetable life and the secretions or excretions of animal life exceed, in general, in toxic virulence, the mineral poisons, that at least equal effects may arise from the action of the former as the latter.

Here would appear to be a rapid destructive metamorphosis of tissues of the body, the products of which fail to be removed and the destruction repaired. In whatever manner the virulence of the poison, mineral or infection, becomes incompatible with continued existence, I have no doubt it is expended on the nervous system. Farther than that science has not yet advanced, probably never will advance. I question whether microscopy or chemistry will ever explain what changes in brain or nervous tissue incompatible with life are caused by a lethal dose of, *e. g.*, morphia. Can those resulting from a fever poison, the nature of which, whether

vital or chemical, is unsolvable, be any less easily demonstrated?

Each vegetable or mineral poison selects its own region of the body as the seat of its attack, and each destroys life, when lethal, in its own peculiar manner. Morphia differs from atropia, both from strychnia, and all from hydrocyanic acid in their mode of assault. This principle of election is inherent in the nature of the poison, and no further advance towards solution can be made in this direction.

The same principle applies to the fever poisons. The typhoid fever poison prefers the glands of the ileum, variola the skin, rheumatism the joints, diphtheria the mucous membrane, cholera the digestive system, cerebro-spinal fever the meninges, whooping-cough the lungs, etc. They may destroy life primarily or secondarily. Primarily, as in those cases where, from the amount of the poison introduced, or from the want of resistance in the victim, the patient succumbs in a few hours, or before the distinctive symptoms of the disease have appeared. Instances of this are most commonly observed in scarlet fever and cerebro-spinal fever.

If the poison proves fatal secondarily, it is from its direct action, plus the processes originated by it, as the pyrexia, the diarrhœa, the hemorrhages and the multifold complications which are liable to arise. And it is one of the most difficult problems to determine how much weight in the final result is to be attached to each of these causes.

Of the organs usually affected by the fever poisons, the heart is one of those most commonly observed to be changed. These changes are in the nature of a "cloudy" or fatty degeneration of its muscular fibres. *A priori*, it might be anticipated that the heart would suffer, as normally it is always at work, and now has additional labor thrown upon it, in direct ratio to its increased number of beats. As increased work implies increased destructive metabolism, and as pyrexia implies anorexia and diminished nutrition, not to mention the blood otherwise disorganized and deteriorated by the disease, it follows as a necessary sequence that the constructive

processes are impaired, and the muscular fibres are reduced in strength and their places usurped more or less by "granular" or fatty substitutes. A natural inference would be that the heart, as a whole, would be liable to succumb to overwork and life be extinguished by heart failure. And this is, no doubt, what frequently happens.

And yet recent investigations throw a doubt on the unqualified acceptance of this teaching and render it probable that the heart, in a condition of pronounced fatty degeneration, may carry on its functions successfully. I quote from Welch (*New York Medical Record*, April 14, 1888):

"Admitting, then, that the high temperature aids in the causation of fatty degeneration of the heart in fever, the question arises: What do we know of the effects of this degeneration upon the functions of the heart? . . . Have we not been somewhat hasty in assigning to degenerations of the heart-muscle so large a share in the production of heart failure in fevers? One cannot look at a muscular fibre in which the striated substance is all replaced by fatty globules, and suppose that its functional activity was unimpaired; but into what serious errors should we fall if we attempted to deduce from the anatomical changes in the liver cells, or the renal epithelium, the corresponding functional disturbances? Certain it is that symptoms which are usually considered those of heart failure are often enough present in fevers without finding at the autopsy any degeneration of the heart, and, on the other hand, such degeneration may be discovered without any history of these symptoms, although, of course, the two are often associated."

Experiments on rabbits show that a high degree of fatty degeneration of the muscular fibres is not incompatible with normal blood-pressure in the arteries. So that Dr. Welch concludes: "Whatever force there may be in this analogy, I still think that these experiments, as well as careful pathological and clinical observations, necessitate some revision of the current opinions concerning the significance of fatty degeneration of the heart in fever."

The liver is the seat of pathological changes in many of

the fevers, chiefly fatty, and the same degenerative changes are found in the kidneys, the spleen, the voluntary muscles and elsewhere.

The importance of these degenerations is in proportion to the importance of the organ involved to the vital economy. Voluntary muscles may be in a state of complete rest, and therefore no danger may ensue from their being disabled. Where the kidneys are seriously involved, as must frequently be the case, both from the direct attack of the fever poison and from the increased labor thrown upon them from the necessity of eliminating the increased amount of effete tissue, we often find them overwhelmed by the combination of greater work with less capability, and their secreting cells fail to eliminate the *detritus*, while permitting the albumen of the blood to leak through. This failure of function contributes to the original fever poison the additional danger of uremia or albuminuria.

Why the spleen should be so seriously affected by many of the fever poisons is not easy to say. It has not the reputation of being a very important organ physiologically, but pathologically it competes for the highest honors. No other organ comes so near actual disintegration as this when subjected to the action of some of these poisons. Indeed, it has actually become diffuent and has ruptured under palpation. Its meagre influence in the human economy would qualify it for a scape-goat, if the whole violence of the attack could be directed to it. But as this is not the case, except to a certain degree in malarial diseases, it merely illustrates in a minor organ the degenerative changes common to all.

These degenerations, then, result from the direct influence of the toxic agent itself, whether microbe, ptomaine, leuco-maine, or something else, assisted by the febrile processes, which accompany its action.

To a large extent these pathological changes are similar, if not identical, in all the zymotic diseases. The various fever poisons act in the same manner upon the vital organs, differing in degree according to the special poison or to the

quantity of poison absorbed, or to the previous condition of the patient, or to perhaps other factors.

Such is a brief sketch of what I understand to be the situation of the *etiology* and *pathology* of the infectious diseases at the present day.

I had not designed to refer to therapeutics, but it may merely be stated that modern treatment is founded on the general idea above mentioned, that the pathology is virtually the same in all these diseases. Omitting the treatment of special symptoms, what do we find to be recommended in all severe cases? It is the so-called supporting treatment, designed to enable the patient to outlast the disease.

No specific has yet been found for any of them. What do we give in malignant diphtheria? Alcohol and ammonia. The same line of treatment is indicated in typhoid and typhus fevers, variola, erysipelas, etc.; also in poisoning by serpent venom.

In fact, we do not treat the disease, but the patient.

To further mystify the subject, we have the question constantly recurring: May it not be possible that the fever, the pyrexia, may be a conservative process, instigated by the system to destroy or limit the action of the fever poison, whatever it may be? It would look somewhat like burning a house to get rid of its vermin, only the analogy does not hold good altogether, as in the case of the man the house is destroyed, but the vermin often survive.

I quote Dr. Welch in conclusion: "There have been in all ages enlightened physicians who have held the opinion that fever is a process which aids in the elimination or destruction of injurious substances which gain access to the body. Under the influence of ideas which sought in increased temperature the origin of the grave symptoms of fever, we have, in recent times, in great part, lost sight of the doctrine once prevalent, that there may be in fever a conservative element. There is much which speaks in favor of this doctrine. The real enemy in most fevers is the noxious substance which invades the body, and there is nothing

to prevent us from believing that fever is a weapon employed by nature to combat the assaults of this enemy. . . .

“It is impossible, with our present knowledge, to say in exactly what way fever accomplishes a useful purpose. There are facts which suggest that in some cases of fever the increased temperature, as such, may impair the vitality, or check the virulence, of pathogenic micro-organisms; but there are many circumstances which make it difficult to suppose that this is the agency by which fever usually exerts a favorable action. The supposition seems to be more probable that the increased oxidation of fever aids in the destruction of injurious substances. According to this view, the fever-producing agents light the fire which consumes them. It is not incompatible with this conception of fever to suppose that the fire may prove injurious also to the patient, and may require the controlling hand of the physician. . . . Some facts have been presented, and others might be drawn from clinical and experimental observations, which favor the hypothesis that fever is, in a certain sense, a conservative process. Unproven and intangible as the hypothesis may seem to some, no apology is needed for bringing to your attention a conception of fever in favor of which much can be adduced, and which, if true, is of fundamental importance, both theoretically and practically.”

CORRESPONDENCE.

CINCINNATI LETTER.

The Cincinnati Obstetrical Society held its regular monthly meeting at the Private Hospital of Dr. T. A. Reamy. The subject up for the evening's discussion was “Placenta Prævia,” which was introduced by a paper by Dr. Byron Stanton. The discussion was partaken in by a number of those present, and was very one-sided, one man arguing against the field. This gentleman, however, fought like the Prussian that he was. After the adjournment of the meeting the society retired to Dr. Reamy's new residence adjoining

ing, and partook of refreshments supplied by Mrs. Reamy. The society will hold its January meeting at the residence of the retiring president, Dr. Giles S. Mitchell, and the election of officers for the ensuing year will occur.

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"The profession of medicine has within its ranks as many brainy men and women as any other avocation of mankind." Such was the opening sentence of a sermon at the Second Presbyterian church recently by Rev. Dr. George P. Hayes. With such a start the sermon, of course, proved to be an interesting one. Dr. Hayes is one of the leading men of his church, being a D. D. and LL. D., formerly president of Washington and Jefferson College, Pennsylvania, and moderator of the General Assembly of his church. He went on to say that into every household these medical people are called in times of sorest distress, and in them is put the trust of our own lives and the lives of those we love. Before the minds of the medical profession are set three of the strongest motives which influence human conduct—fame, wealth and usefulness. No profession relieves so much pain and so much suffering as this profession of medicine. The doctor is continually going about doing good to those that are suffering. With these three motives—wealth, fame and benevolence—before its members, this profession rightfully gathers within itself as much intellect and tact as is given to any profession of man. Dr. Hayes enjoys the great peculiarity in his profession of having a remarkable amount of sense about medicine.

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An unusual accident happened at the Cincinnati Hospital recently which was of considerable interest. One of the externes, as the young men are called who are serving their term preparatory to taking a position as internes, was acting as assistant to Dr. P. S. Connor, who was about to perform an operation. The young man, whose name was J. E. Griewe, was heating a platinum knife by means of a lamp and a bottle of benzine, the latter attached to a belt passed around his waist. The bottle was too full, and a large quantity of the benzine was thrown out, causing an explosion. In an instant the young man was enveloped in flames. The burning fluid set fire to his clothing, ran over his face and hands, burning them frightfully. The operation was to take place in the amphitheatre, and was crowded by some three

hundred students, which made the excitement intense. The flames spread to the cot where the patient lay half under the effects of the anæsthetic. As soon as he became aware of the scorching flames he sprang to the floor, and in a half clad condition ran from the room. Those about the unfortunate young man succeeded in throwing him down, covering him with sheets and soaking him with water. The flames were extinguished. The sufferings of Griewe were intense, and for some time his condition was considered precarious, but is now so much improved that his ultimate recovery is expected, though he will remain disfigured. Dr. Connor says this is the first accident of this kind of any seriousness which has happened within his knowledge. It is certainly a rare misfortune, and teaches us to be careful in handling this mixture.

E. S. M.

UTERINE MYOMA IN THE NEGRO RACE.

To the Editors of GAZETTE:

I notice in the last number of the GAZETTE a criticism by Dr. Gillette of this city, of a statement contained in my paper on "Hypertrophy of the Prostate," viz.: "Uterine myoma is rare in the Negro race." The query was made whether prostatic myoma was equally uncommon in Negroes. The doctor says: "It is strange an American physician should make such a statement;" yet I find no difference in opinion between us. He says I could have had but little experience in practice among the colored race. That is true. My professional experience with them is very limited. I am also aware that uterine myoma is reputed to be very common among the colored race in America. I have not asserted, nor would I assert, to the contrary. Lastly, the doctor strongly corroborates the truthfulness of my statement by saying that uterine myoma is practically unknown in the home of the Negro race, viz.: Africa, for which confirmatory assertion he has my thanks. Since writing the article in question I have noticed a statement by Councilman, in 'The Reference Handbook,' in which he says prostatic myoma is rare among the Negroes.

A. R. SMART.

Toledo, O., Dec. 18, 1888.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. IV. begins with November, 1888. Subscriptions can begin at any time.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered letter, addressed to the CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York or this city.

Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

THE RIGHT OF IT.

Under the above heading Dr. Tuckerman publishes the following communication in a recent number of *The Medical Record*:

“The charge made by the CLEVELAND MEDICAL GAZETTE against the medical profession of this city, to which you have given a wide currency by your comments in the MEDICAL RECORD, is not borne out by the facts. There are a number of hard-working physicians in Cleveland who have contributed, and are contributing, original work in dermatology, gynæcology, surgery, obstetrics, physiology, histology, school hygiene, etc.—work which such journals as THE MEDICAL RECORD, *The Boston Medical and Surgical Journal*, *The Journal of Cutaneous and Venereal Diseases* and the like have deemed worthy of publication, and which, moreover, have been given a still wider publicity by being copied in British and Continental journals.

“It is doubtless a little rough on the editor of the CLEVELAND MEDICAL GAZETTE that Cleveland physicians should

seek the wider circle of readers afforded by the metropolitan journals when they have anything original to contribute to the literature of their respective specialties; but for him to retort that such work is not being done, and for a leading journal like *The Medical Record* to assume that the retort is a statement of fact, does a gross injustice to a group of workers to whose credit, rather than to whose blame, be it said, that they are but little given to wearying their professional brethren with prolix rehashes of other men's work."

We are pleased to note that our editorial of some months since on the comparative absence of literary work on the part of our Cleveland physicians has had the desired effect in increasing the number of papers offered us for publication. It was far from our purpose to reflect upon the scientific and literary work of a "certain number of hard-working physicians in Cleveland." A number of the Cleveland physicians have not "wielded the silent pen," as the readers of the GAZETTE can testify.

Regarding the last paragraph of the above communication, we may state that during the past three years there have appeared in the MEDICAL GAZETTE nearly one hundred original articles and communications from over forty Cleveland physicians, while from a careful examination of our exchanges, we find during the same period that there were fourteen papers* published by Cleveland physicians in seven medical journals other than the MEDICAL GAZETTE. Of these fourteen articles, six were published in the MEDICAL GAZETTE before appearing elsewhere. Of the other eight articles, some of them were presented to us first, and it was our suggestion that they be published elsewhere. Thus it will be seen that the Cleveland physicians have not to any great extent searched for "the wider circle of readers afforded by the metropolitan journals."

In view of the above statement we have nothing but the highest praise to offer in the treatment we have received at the hands of the profession in Cleveland. Our sole aim has been to increase the amount of scientific and literary work done by

*This does not include ten articles published by Dr. Baker in six medical journals other than the MEDICAL GAZETTE.

our physicians, and we believe we have, in a great measure, succeeded. We think it would not be far from the truth to say that the one hundred original contributions to the MEDICAL GAZETTE represent more literary work than has appeared in medical journals by Cleveland physicians altogether since the foundation of the city, notwithstanding the fact that it has been a medical college town for half a century. We may state as a matter of history that Dr. Woorchester published, with the imprint of Cleveland upon the title-page, the first work in this country on diseases of the skin, although the author was, at the time, we believe, a resident of Cincinnati, but held a professorship in the old Cleveland Medical College. Dr. Dutcher also wrote a valuable work on consumption, and the late Dr. Galentin's work on diphtheria is worthy of mention. Dr. Metz' work on the anatomy and histology of the eye is a classical contribution to this subject. Although not a resident of Cleveland, he held a professorship in the Medical Department of Wooster University. These are, we believe, all the *books* that have been written on medical subjects by Cleveland physicians. The authors of all these works, we are sorry to say, are dead. This list would, however, be incomplete without including that work, invaluable to every physician, by General J. J. Elwell, on Medical Jurisprudence. Those readers of the GAZETTE who read his article on Mental Jurisprudence some time since can testify that his pen has not forgot its cunning, although the author is considerably past three-score years and ten.

As to the future of the medical profession in this city we need have no fears, and if they have in the past been somewhat remiss in performing their whole duty in this respect, we know from what has been done during the past three years, they will in the future more than atone for all shortcomings.

We have never questioned their scientific attainments nor their ability to write; all that we have desired to do was simply to call attention to the fact that many of our physi-

cians who are best qualified to write, and who ought to write, have not done so.

MORTALITY REPORT.

Statement of mortality in Cleveland for the year ending December 31, 1888, as prepared at the office of the Board of Health.

	1888.	1887.
Total deaths	4,414	4,139
Phthisis Pul.	366	378
Acute Lung Dis.	422	410
Diphtheria	230	262
Croup	69	100
Typhoid Fever	113	120
Whooping-Cough	70	28
Scarlatina	20	20
Cholera Inf.	348	278
Acute Diarrhœa	207	162

BIRTHS.

1888.	1887.
7,357	6,711

It is estimated that about ten per cent. of births are not reported to the health office. The numbers given are of those returned.

G. C. ASHMUN.

TABLE OF FEES.

The importance of a Fee Table to the practitioner, especially in a legal point of view, where it may be necessary to appeal to a standard of charges, is apparent. In the following classified table will be found the fees required in most of the cases that come under the notice of the physician. It is not to be understood that the omission of any operation or other surgical or medical service from the following fee bill is a denial of the right to charge for each operation or service a fee proportionate to its nature, extent and importance.

Accounts should be presented at least semi-annually, or as much oftener as may be deemed proper. The following table of fees is taken from the Medical Bulletin visiting list

OFFICE PRACTICE.		City.	Country.
For advice at office in a case in which no further advice is required.....		\$10	\$ 3 to \$ 5
(This is not intended to apply to those cases in which the physician is considered the regular medical attendant of the individual or of his family.)			
For first advice given at office.....	5		1 to 3
For such advice when minute physical exploration is required.....	15		3 to 10
For subsequent advice at office to the same individual for the same malady.....	2		1 to 2
For written opinion or advice to a patient.....	20		2 to 20
For opinion involving a question of law.....	25		5 to 20
For certificate of the state of health of a patient.....	10		1 to 2
For a similar certificate in all other cases.....	25		1 to 2
Vaccination.....	5		1 to 3
Gonorrhœa, in advance.....	25		5 to 20
Syphilis, in advance.....	50		10 to 50
GENERAL PRACTICE.			
For a single visit, in a case in which no further visit is required, when the physician is not the regular medical attendant.....	10		3 to 5
For the first visit when the physician is in regular attendance.....	5		1 to 2
For each subsequent visit.....	2		1 to 2
(Every necessary visit on the same day, whatever may be their number, to be charged at the same rate.)			
When at the first visit minute physical exploration is required to arrive at a correct diagnosis.....	10		3 to 10
When the physician is detained, for each hour.....	5		50c. to 1
For a visit at a time appointed by the patient or his friends during the day.....	5		1 to 2
For a visit at night after ordinary bed-time.....	5		2 to 4
For a visit after night in stormy or inclement weather....	10		2 to 4
For a first visit as consulting physician.....	8		3 to 10
For each subsequent visit as consulting physician in the same case.....	3		2 to 4
For each visit of the attending physician in a consultation.....	3		2 to 3
For a visit as consulting physician during the night.....	15		4 to 8
In all visits to distant patients, to be added in addition to the ordinary fee for each mile over two, without regard to the mode of conveyance.....	2		50 cents.
(An extra charge to be made for traveling at night, or on account of the badness of the roads or the inclemency of the weather.)			
OBSTETRICAL PRACTICE.			
For an ordinary case of midwifery.....	30		10 to 30
For a difficult case of midwifery.....	50		15 to 30
For every hour the physician is detained beyond twelve, an additional fee of.....	1		
For the application of the forceps.....	15		
(For any indisposition in the mother or child after the tenth day from confinement ; or when any very serious ailment occurs in either mother or child within the ten days, a charge is to be made for each visit as in ordinary cases of disease.)			
Surgical practice for reducing fractures and dressing....	25		15 to 20
(In the above and all other surgical operations the subsequent visits are to be charged as in attendance on ordinary cases of disease, the amount of charge being proportioned always to the time occupied and the trouble incurred in the subsequent attendance in each case.)			

NEW BOOKS.

'A MANUAL OF DIETETICS : FOR PHYSICIANS, MOTHERS AND NURSES.' By W. B. Pritchard, M. D., New York. 88 pages. Cloth. 50 cents.

This little manual contains much useful information, for it has been carefully culled from works on practice and the writings of standard authors; sufficiently shorn of technicalities to make easy reading for the mothers and nurses, while retaining enough of scientific language to establish the author's erudition. As a compilation popularized it is very good. If there is anything in it before unknown or not in book form accessible to the profession, it is the statements regarding the proprietary food in whose interests it is written and published.

'TREATMENT OF DISEASES OF WOMEN. PUERPERAL AND NON-PUERPERAL.' By Charles H. Goodwin, M. D. Being the latest contributions to this important branch of medical science, based upon the most recent practical experiences and investigations of the present day, by the following eminent gynæcologists and specialists : Drs. T. Gaillard Thomas, P. F. Mundé, J. B. Hunter, William T. Lusk, J. W. McLane, H. J. Garrigues, J. E. Taylor, R. Tanszky, C. C. Lee, A. C. Post, A. E. M. Purdy, A. J. C. Skene, Fordyce Barker, J. Marion Sims, W. M. Polk, E. L. Partridge, T. A. Emmett, A. S. Hunter, W. Gill Wylie, W. M. Chamberlain, F. P. Foster, C. S. Ward, W. R. Gillette, etc. Second Edition. Revised. New York. Leonard & Co., 141 Broadway.

The nature of this book is sufficiently indicated by its title. It is a concise and comprehensive abstract of the latest views on treatment, by men eminent for their skill in diseases of women. It takes up some thirty-one different subjects in as many different chapters, and presents the views of the different men successively. It is a very useful and a very readable book of 436 pages neatly bound, and we predict for it an extensive sale.

'A MANUAL OF MINOR GYNÆCOLOGICAL OPERATIONS.' By J. Halliday Croom, M. D., F. R. C. P. E., F. R. C. S. E., Lecturer on Midwifery and the Diseases of Women at the School of Medicine; Physician to the Royal Maternity Hospital; Physician for Diseases of Women, Western Dispensary; Vice-President of the Obstetrical Society, Edinburgh. First American from the second Edinburgh edition. Revised and enlarged. By Lewis S. McMintry, A.M., M.D., formerly Professor of Anatomy in the Kentucky School of Medicine; Member of the Medical Society of Louisville; First Vice-President of the Kentucky State Medical Society; Member of the Boyle County Medical Society; Corresponding Member of the Obstetrical Society of Philadelphia; Corresponding Member of the Gynæcological Society of Boston, etc., etc. With numerous illustrations. Philadelphia Records. McMullen & Co. Limited. 1888. Cloth. 228 pages.

Perhaps we expected too much from this book. Surely

from a book bearing such a title, by a foreign author and an American editor bearing so many titles, we had a right to expect much.

The book does contain a great deal of information and detail which will be useful especially to those who have no opportunity for clinical instruction, but have to work out the subject for themselves. The more's the pity that it should contain numerous errors. We expected, of course, to see the position on the left side preferred to the dorsal for digital examination, as coming from a British author; and this is corrected by the American editor who properly insists upon a table in preference to a couch, but further on, the author recommends that "if the introduction of the finger into the vulva and ostium vaginæ causes pain, then a visual examination should be made," whereas the visual examination should be made first and be made in every case. It is recommended "if no hymen is present or the woman is a multipara, then the palmar surfaces of both fingers should be slowly introduced." It is comparatively rare that two fingers are needed or do better than the index.

In examining bimanually it is said that "the examiner ought to be on the patient's right side." Now, if the patient is properly placed on the table, the examiner will have better control of the parts by standing in front of his patient between her knees.

In the description and illustration of the position of the hands in the introduction of Sims' speculum the index finger is placed along under the blade to be introduced, while it will be found that if there is any use of having the index under the blade at all, while the left hand grasps handle or upper blade, and the right buttock is raised by the assistant, it should extend beyond the end of the blade to guide it. If no assistant is at hand, it is as readily introduced by raising the buttock with the left hand, while the right thumb upward grasps the speculum at the bend of the upper blade, and slips the point of the lower blade over the perineum, entering it with the point directed well toward the rectum, when the left hand replaces the right hand, leaving it free for other work.

He states that the perineum torn during labor is best repaired at the time, "unless the injury to the parts is great, and involves the anus and anterior rectal wall;" but advises that for examining the rent the patient "be placed on the left side." This position might be convenient for some men, but it will not do to forget the possible danger, if the buttocks are brought to the edge of the bed, higher than the abdomen and the labia separated, of ballooning up the vagina and the uterus too, for that matter, as has occurred. For the operation of repairing the recent tear, he says, "the patient may be either on left side or back in the lithotomy position. The latter is preferable, if two or three assistants can be obtained. Anesthesia is induced." Why the latter position is not preferable under any conditions, or why the assistants are more necessary with the patient on the back than on the side, or why the two or three assistants are indispensable, is hard to understand. We again and again, as have many of our readers, with the patient on the back, and without the assistants and without the anesthesia and without any great pain to the patient, or difficulty to the operator, have repaired the rent satisfactorily, and gotten good results.

These examples we have cited are all little points, to be sure, but it is upon just such little points that the book is intended to instruct, and we hope that from its mass of really useful information the errors will be eliminated in a future edition.

The cuts illustrating the introduction of pessaries are an excellent feature, and will make easy work for those who, never having had the advantage of personal instruction, have puzzled over the printed descriptions of some text-books. The whole work is concise and systematically arranged.

'A TREATISE ON DISEASES OF WOMEN, FOR THE USE OF STUDENTS AND PRACTITIONERS.' By Alexander J. C. Skene, M.D., Professor of Gynæcology in the Long Island College Hospital, Brooklyn; Gynæcologist to the Long Island College Hospital, etc. 966 pages with 251 engravings and 9 chromo-lithographs. Appleton & Co., New York.

Dr. Skene has given to the profession a work on diseases

of women that is practical, interesting and instructive. It is clearly and concisely written, profusely illustrated and printed in large, clear type. The wood-cuts are good and the chromo-lithographs very creditable. The work is written in an easy, readable manner, and bears the imprint of the author's personality.

Chapter XII. is devoted to sclerosis of the uterus. In this chapter it is stated that, when once the changes in the tissues which constitute true sclerosis have occurred, it is a question whether any known treatment can entirely relieve it. There is one remedy which promises to be useful, and that is electricity. The author's experience has been too short, however, to enable him to speak definitely regarding it.

Chapter XIX. is devoted to the Abuse of Pessaries. The entire subject of mechanical supports can only be appreciated by a careful reading. It is the best dissertation on the subject with which I am familiar.

Chapter XXI. is devoted to fibroma of the uterus. This chapter is well illustrated, and the author takes up the subject and deals with it modernly. His description of electrical apparatus for the treatment of fibroids is good, his description of the Apostoli method of treatment being the only one in text-books to date. He neither commends nor condemns the latter.

Chapter XXX. is devoted to a consideration of diseases of the tubes, and is well worth reading. The author's classifications of terms in operations for removal of the appendages are not only clear but common sense, he making use of the expression laparo-salpingotomy for the removal of the diseased tubes, while the term tubo-ovariotomy is suggested when the tubes and ovaries are both removed. He gives as the chief causation of tubal diseases gonorrhœa of the uterine mucosa, and simple and puerperal acute endo-metritis, but it may occur during the course of any infectious disease, or any intense hyperæmia of the generative tract, as in a prostitute. His conclusions that when once pyosalpinx is developed, it is doubtful whether any treatment except laparo-

salpingotomy is effectual, certainly voice the opinions of not a few men of to-day.

Three hundred and twenty pages of the work are devoted to diseases of the urinary organs, bladder and urethra, and is as complete and exhaustive a consideration of the subject as will be found embodied in any general text-book. The various conditions producing frequent and painful micturition may be read with profit. The various methods of examination of the bladder will be found carefully described and illustrated. The surgery of the bladder and urethra, including fistulæ, receives consideration. Taken as a whole, Dr. Skene has reason to feel proud of the work, and it ought to find a permanent place in the literature of diseases of women. A. B. C.

'THE CASE OF THE EMPEROR FREDERICK III.: FULL OFFICIAL REPORTS BY THE GERMAN PHYSICIANS AND BY SIR MORELL MACKENZIE.' Edgar S. Werner, New York. 1888.

This volume, as its title indicates, contains the full text of the official reports of the German physicians and that by Sir Morell Mackenzie. "The two publications differ more in degree than in kind, and abound in statements which we cannot characterize other than ludicrous. The assertion touching Dr. Mackenzie's want of skill in the use of the laryngeal forceps and his inability to properly reflect the light from his head-mirror is as humorous as the statement that a surgeon of Von Bergman's skill was not sufficiently well-versed in the technique of tracheotomy to insert a tube, but was compelled to accomplish it by proxy."

An element of personal spite, jealousy and animosity pervades both the English and German reports such as seems almost incredible. It is to be hoped for the sake of professional honor, if not of common decency, that the publication of the secrets of the bedside will not again become public property, and that professional men, whose sole aim should be to do that which will best serve the interests of their patients, will not so far forget themselves as to lose sight of the main issue in the endeavor to belittle each other in the eyes of their confrères and of the whole world.

PAMPHLETS.

- (1) 'MINERAL AND THERMAL SPRINGS OF CALIFORNIA.' By W. F. McNutt of San Francisco, California.
- (2) 'ELECTRICITY VS. TAIT, OR THE USE OF ELECTRICITY IN INFLAMMATION AS FOUND IN GYNÆCOLOGY.' By George F. Hurlburt, M.D., St. Louis, Missouri.
- (3) 'TRANSACTIONS OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGY.'
- (4) 'SURGERY AS A SCIENCE AND ART.' By George E. Frothingham, Ann Arbor, Michigan.
- (5) 'REPORT ON HYDROPHOBIA.' By Charles W. Dulles, M.D., Philadelphia, Pennsylvania.
- (6) 'THE COMMON NERVOUS TROUBLES OF OLD SOLDIERS.' By Horace P. Porter, M.D., Oneida, Kansas.
- (7) 'THE CONTAGIOUSNESS OF PHTHISIS.' By Lawrence F. Flick, Philadelphia, Pennsylvania.

(2) Dr. Hurlburt voices the growing sentiment against the unnecessary removal of the uterine appendages from every woman who complains of those distressing and persistent symptoms which show she has disease connected with these organs. He believes that better results may be obtained without this mutilation, by the use of electricity and other therapeutic measures we have at our control.

(4) Dr. Frothingham's address on surgery as a science and an art is a plea for higher medical education. He believes didactic lectures "have outlived their period of usefulness and seem to serve for the entertainment of indolent students more than they do the purpose of thorough education in such a branch as surgery." He says the medical course should be extended to at least four years. "But after all," he says, "the training one can get in the schools or in practice, if he would excel, he must judiciously isolate and limit his attention to some particular branch of surgical practice."

(5) We all have hobbies; Dr. Dulles' is Hydrophobia. He doubts the existence of any such disease, and thinks that like witchcraft it will soon be relegated to the myths of the past. The word "hydrophobia" should be used only to describe a condition, and not a disease, as we use the word "convulsions." Not a single case of hydrophobia, so-called, has occurred in the state of Pennsylvania during the past year. We hope Dr. Dulles will continue to stick to his hobby.

(6) Dr. Porter calls attention to this class of nervous

THE NEW HYPNOTIC SULFONAL-BAYER.

SULFONAL was discovered by Prof. Eugen A. Baumann, of Freiburg University, and was first prepared by the Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld.

SULFONAL (Diethylsulfondimethylmethan) is in the form of colorless prisms, odorless and tasteless, melting at 125.5°C (258°F.), and has the composition $(\text{C}_2\text{H}_5)_2\text{S}=\text{C}=(\text{C}_2\text{H}_5\text{SO}_2)_2$. It is slightly soluble in cold water, but easily soluble in hot water or alcohol.

SULFONAL was first examined as to its physiological and pathological effects by Prof. A. Kast, of Freiburg University, and its hypnotic action was discovered and studied by him.

Since then **SULFONAL** has been the subject of numerous trials and experiments by many eminent and experienced physicians. Their testimony is unanimously favorable, and the conclusions reached by them are as follows:

SULFONAL is a prompt and reliable hypnotic, which in proper doses produces quiet, natural sleep, lasting a number of hours.

SULFONAL has no unfavorable effects on the heart and the circulation, nor on the temperature, the pulse, or the respiration.

SULFONAL produces no disagreeable secondary symptoms; the patients, with very few exceptions, awake from their sleep feeling strong and greatly refreshed.

SULFONAL does not interfere with the process of digestion.

SULFONAL is a hypnotic, and not a narcotic; it acts by giving rest to the cells of the cerebral cortex, thereby causing sleep.

SULFONAL does not create an unconquerable desire for its repeated use; there is no danger of a **SULFONAL**-habit. Neither is it necessary to increase the dose after long-continued use.

SULFONAL is best administered at supper-time, dissolved in hot liquids, *e. g.*, a bowl of soup or broth, a cup of milk, tea, coffee, cocoa, etc.

These points will be found to be fully exhibited in the series of contributions contained in our pamphlet, which will be mailed on application.

SULFONAL-BAYER is supplied by us in half-ounce and one-ounce vials.

We prepare 5-grain and 15-grain Tablets of Sulfonal-Bayer. The tablet form is admirably adapted to the purpose of administering this drug, as when they are placed in the liquids, they disintegrate and are thus received into the system.

We also put up Sulfonal-Bayer in the form of our Soluble Pills, containing five grains each.

THE NEW ANTIPYRETIC PHENACETINE-BAYER.

Phenacetine-Bayer (Para-Acetphenetidine) is a white, glossy, crystalline powder, perfectly tasteless, melting at $135^{\circ}\text{C.} = 307^{\circ}\text{F.}$ and has the composition $\text{C}_6\text{H}_4 \begin{matrix} \text{O. C}_2\text{H}_5 \\ \text{NH}(\text{CO}-\text{CH}_3) \end{matrix}$.

It is slightly soluble in water, a little more soluble in glycerine, but most freely in alcohol.

Phenacetine-Bayer was first prepared by the Farbenfabriken, formerly Friedr. Bayer & Co., Elberfeld, and is of absolute purity and uniform quality.

Summarizing the superiority of Phenacetine-Bayer over other antipyretics and antineuralgics, the following conclusions are formed:

1. Phenacetine-Bayer is an efficacious antipyretic.
2. It does not develop any disagreeable or noxious after effects.
3. The dose required is half that of Antipyrine.
4. It is perfectly tasteless.
5. On account of its innocuousness and tastelessness, it is a valuable antipyretic, both in adults and in children.
6. Phenacetine-Bayer is an important antineuralgic; its effect is more energetic than that of Antipyrine and does not cause lassitude or any other disagreeable symptoms.

Our pamphlet on Phenacetine-Bayer, containing the valuable testimony of eminent physicians, will be mailed on application.

We offer Phenacetine-Bayer in one-ounce vials, or in the form of our Soluble Pills, of the strength of two and four grains to each pill.

W. H. SCHIEFFELIN & CO.,

170 & 172 William St., NEW YORK,

SOLE LICENSEES AND SOLE AGENTS FOR THE UNITED STATES.

FOR CONSUMPTION AND WASTING DISEASES

HYDROLEINE

(HYDRATED OIL)

Produces Immediate Increase in Flesh and Weight.

FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

Pure Cod Liver Oil. 80 m. (drops)	Soda	1-3 Grains.
Distilled Water.....35 "	Salicylic Acid.....	1-4 "
Soluble Pancreatin. 5 Grains.	Hyochoic Acid.....	1-20 "

DOSE.—Two Teaspoonfuls alone, or with twice the quantity of water, to be taken thrice daily after meals.

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— Please MENTION THIS JOURNAL.

troubles in old soldiers in a forcible manner. At the recent meeting of the Northwestern Ohio Medical Society at Toledo the retiring president, Dr. Caldwell of Fremont, discussed the same subject. Dr. Caldwell's address will appear in the February number of the GAZETTE.

(7) Dr. Flick says phthisis is contagious, or it is not, and we ought at the present time to be able to determine the question. He believes that it is contagious just as much as measles, scarlet fever, diphtheria or typhoid fever. In support of this position he presents a large number of statistics graphically displayed by diagrams of the city of Philadelphia, and at least makes a strong case, which deserves the candid consideration of every physician.

NOTES AND COMMENTS.

The Philadelphia Polyclinic has established a three months' systematic course in ophthalmology, particularly arranged to meet the needs of medical men who design to pay some special attention to ophthalmic practice. The ordinary six weeks' course, which the student can enter at any time, has been found not to answer these requirements, it being necessary to master certain optical principles before much progress can be made in other directions. The course is largely clinical, including daily practice with the ophthalmoscope and test-lenses; but also includes systematic didactic instruction and individual quizzing.

Should physicians use good English.—In our notes and comments of last month, we reprinted a most excellent editorial from the *New York Medical Journal* under the above heading. Through some unfortunate oversight of our copyist the article appeared without credit. We hope a similar injustice to any of our contemporaries may never occur again.

It is the unselfish lot of mankind and a generous sense of duty that have stimulated many of those researches that are now bearing such golden fruit, and which, while limiting the work of the doctor and curtailing his income, make life longer and pleasanter.—*Edinburgh Review.*

Death from Chloroform.—Thomas Graham, a machinist, thirty-seven years of age, presented himself at the clinic conducted by Dr. D. B. Smith at the City Hospital, Thursday, January 10, for the removal of his right eye. Graham stated that his eye was injured last July by being struck with a piece of iron while he was chipping a casting. He was placed upon a table for the removal of the eye, and Dr. Kennedy, one of the assistants at the hospital, was requested to administer chloroform. While the chloroform was being administered, the patient became greatly excited, and it was discontinued twice to allow him fresh air. When he yielded to the influence of the anæsthetic the operation was begun and completed with the exception of the division of one muscle and the optic nerve. He recovered consciousness at this point and complained of pain. Dr. Smith then picked up the chloroform inhaler and began to administer more chloroform in order to complete the operation. Graham became unconscious again, and the operation was just about to be continued when Dr. W. J. Sheppard, who had been asked to look after the patient's pulse, remarked that it had stopped beating. From that instant Graham showed no signs of life excepting a few convulsive movements. At the instant of the loss of pulse, the patient's head was lowered, his tongue pulled forward and artificial respiration resorted to. With the assistance of several members of the class the physicians held Graham suspended by the feet, and the artificial respiration was continued from thirty to thirty-five minutes. During that time electricity was used at intervals and hypodermic injections of brandy were made, but to no purpose. Coroner Walz ordered a post-mortem examination, which was conducted by Dr. B. W. Holliday at the hospital in the presence of Dr. Boesger, Dr. Sheppard, Dr. Kennedy, Dr. Dunlap, Dr. House, Dr. Sanders and Dr. Smith. The examination revealed a considerably dilated right side of the heart, and a compensating thickening of the walls of the left. All of the heart valves were healthy, the lungs appeared healthy, but much congested, the liver was enlarged and hardened, and the kidneys were normal. Death was due to the action of chloroform upon a heart already weakened. Before the chloroform was administered the heart was carefully examined, and all of its sounds and rhythm were found healthy. This was one of those unfortunate cases which, however much regretted, could not have been foreseen, and only fortunate that it occurred amid such surroundings that no blame can be laid upon those in charge.

—THE—
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ORIGINAL ARTICLES.

**ADDRESS OF RETIRING PRESIDENT OF THE
NORTHWESTERN OHIO MEDICAL ASSO-
CIATION, TOLEDO, THURSDAY,
DECEMBER 13, 1888.**

BY DR. WILLIAM CALDWELL, FREMONT, OHIO.

GENTLEMEN:—Custom has made it a duty for the presiding officer of this society to deliver an address either at the opening or closing of his labors. This is an opportunity which should be highly prized, and I have to thank you gentlemen by whose kind suffrages I am at once clothed with the responsibilities as well as the emoluments of office; and did I not discredit my ability I should gladly avail myself of this notable occasion to review the work of our honored association from its humble beginnings to the present day, when our standing and influence as a society are heartily recognized both by the state and National associations. But when I look back over the long line of your distinguished presidents, whose earnest work in the inviting field of inquiry has shed such lustre upon your deliberations, and whose earnest

words of counsel and encouragement have done so much to cement us together as a specially favored band of workers in the field of medical research, I feel that it is not for me, who has been so recently admitted to your councils, to undertake this work, which would indeed be a labor of love. For in speaking of the society, would I not have to deal with the workers? And how many of the bright and particular lights of this association have passed away, and whose words and works now exist only as blessed memories!

I cannot, however, refrain from speaking of our recent great loss. Your thoughts have already run back and you recall with me the memory of our own beloved Phillips; the autumn leaves and winter's snow have fallen upon his grave for the first time; our grief is yet keen, and we still speak of him with husky voices and swollen hearts. It is not for me to pronounce his eulogy, that pleasing but melancholy duty will be performed by another; but he was always so faithful in attendance upon our sessions, and he contributed so much by his valuable counsel and earnest and thoughtful work to the success of our society, and his absence from us is so keenly felt, that I could not refrain from giving voice to what I know is in all your thoughts.

It has for a long time been my desire and purpose to present to this society some wandering thoughts in relation to a subject which, so far as I know, has never been presented to this nor any other medical society. This, you might say, is a most ambitious undertaking, and fraught with no little danger. I have hesitated much about assuming the responsibility, cherishing the hope that someone much better fitted for the task than myself would feel it his duty to come forward and present this subject in such a manner as would at once attract the attention of the profession, and that out of its discussion much good might accrue.

This subject may be briefly but imperfectly stated:—

“An Enquiry into the Condition of the Health of the Ex-Soldiers of the War of the Rebellion as a Class, and to what Extent the Vicissitudes of the War Contributed to Stamp upon them a More or Less Permanent Disability.”

Of course I do not expect to be able at this time to do more than feebly indicate the line of thought to be pursued in following this enquiry. Systematic treatises and journals are alike silent upon this question; if any extensive observations have been made the observer has failed to record them.

A letter to the surgeon-general of the United States army soliciting information bearing upon this enquiry elicited the following reply:—

WAR DEPARTMENT.
SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. }
WASHINGTON, D. C., October 18, 1888. }

DR. WILLIAM CALDWELL:—

Dear Sir:—Your letter of October 16, to the surgeon-general of the United States army, has been referred to me for reply.

I am sorry to say that there are no books nor articles relating to the subject with regard to which you enquire, nor are there any published statistics bearing on this matter. Some years hence it is to be hoped that the records of the Pension Bureau may furnish some information of statistical interest on this point; but at present this is not available.

By order of the surgeon-general.

Very respectfully,

JOHN S. BILLINGS, Surg. in Chg.

Library S. G. O.

As a fitting text or introduction to this enquiry I may be permitted to submit a few figures furnished by the pension office; few as they are, they are of startling significance:

The commissioner of pensions estimates that the average age of the men on the pension rolls is fifty years, the average death age is fifty-six years. The average death age of the widows is sixty-one years. The average death age of the fathers is seventy-nine years, of the mothers seventy-five years.

These figures indicate in some measure the terrible strain of the hardships of the service. It appears that the parents reach an average age of seventy-seven years, that the old soldiers are now dying off at an average of fifty-six years.

These terribly suggestive figures furnish us with some information, at least, which is indicative as to how horrible was the strain of war that shortened the lives of our soldiers an average of twenty-one years.

To systematize the investigation of this subject it may be profitable to attempt a classification of the diseases with which the soldiers of the late war were afflicted. It is not claimed that this classification approaches completeness, for no grouping under any nosological system extant can be made to cover all cases; neither is scientific accuracy claimed for it. It is only designed to cover certain classes of cases to which this enquiry will necessarily be limited.

"The diseases of armed forces," observes Rosse, "whether those of the army proper or of the navy, comprise almost all those which are met with in civil life. In other terms, there are no diseases peculiar to soldiers, the difference between army diseases and those of civil life consisting almost wholly in their mode of action. . . . The three principal causes affecting the health of the soldier are, his environment, his manner of life and his food; and it is these three influences alone which, either separately or combined, modify the soldier's sickness. . . . The first is typified in the accidents arising from atmospheric or telluric influences, such as a rapid death from heat or cold, the transient influence of the seasons, and the slower but more permanent effects of climate, witnessed in dysentery and the action of malaria. The second cause relates to the unwholesomeness of camps; crowding either in prisons, on shipboard, or in tents or huts in provisional camps, as well as want of cleanliness and inattention to personal hygiene, the effects of which are seen in the continued fevers, the exanthemata and the general tendency to adynamia." A vicious diet constitutes the chief factor in determining the third principal cause of disease as seen in scurvy and the diseases complicating it, such as dysentery and diarrhœa.

Other causes of diseased conditions may be enumerated, such as excessive demands upon the physical endurance at uncertain intervals, and severe mental strain.

This enquiry will naturally lead us to the consideration of chronic rheumatism and rheumatoid affections; diseases of the digestive organs, which will, of course, include a consideration of chronic dysentery and diarrhœa; camp fevers; affections of the special senses; diseases of the nervous system; affections of the respiratory system, and diseases of the heart, other than those which may be considered the sequelæ of rheumatism.

The various forms of exposure to which the soldier was incident contributed to the development of rheumatism in those pre-disposed to attack. The records of the pension office show that about twenty per cent. of those granted pensions allege rheumatism or a rheumatoid affection as the disability on which they base their claim for a pension. An applicant for pension alleges chronic rheumatism as the basis of his claim; that he contracted his disease in the army twenty-five years ago, and that he has suffered more or less continuously during this long interval from this disease. Can this be so? We will see.

As its name implies, the disease is essentially chronic, generally lasting throughout the life-time of the individual whom it attacks, and leading to various conditions of debility and deformity, according to the degree of its intensity. In many if not most instances, the individual is rendered unfit for work; and such cases form a considerable proportion of the inmates of our Soldiers' Homes.

Cardiac disease is found in no inconsiderable proportion of the cases of chronic rheumatism (about fifty per cent.), being referable to endocarditis, which complicated the primary acute attack; digestive and calculous disorders are also frequently observed in the subject of this disease. Disease of the heart gives rise to affections of the lungs, brain, kidneys and other organs; the blood-vessels are also frequently hurt by the primary attack; and when in addition to these effects are added the remote of pneumonia and pleurisy, and still other less common complications of rheumatism, it seems difficult to overdraw the picture of the extent and seriousness of the ultimate results of this disease.

Eichorst says : " The disease lasts many weeks, months, years, or even a life-time ; remissions and exacerbations are frequent." Howard, in Pepper's ' System of Medicine,' says : " The prognosis in chronic rheumatism is unfavorable as regards complete recovery." Dr. N. S. Davis says " that chronic rheumatism is seldom recovered from."

The pensions already granted for rheumatism, including muscular, are 40,790.

Certain disabilities growing out of army fevers, especially typhoid fever, merit a brief mention ; Dr. Clifford Allbutt has drawn attention to the convalescence from enteric fever, which, as he says, is so well known to be often so tedious, and raises the question whether the specific lesions of that disease, affecting as they do the instruments of absorption, might not sometimes be the cause of permanent marasmus. In typhoid fever the local mischief falls not only on the patches of Peyer in the ileum, but spreads itself throughout the net-work of the mesentery. Any disease, therefore, which interferes with this system, like the disease in question, within it, or chronic peritonitis outside it, would have its visible effect in hindering the absorption of fat, and preventing the laying on of adipose tissue. These considerations occurred to him in consequence of his advice being sought in several cases of marasmus, pure and simple, without fever and without adequate loss of appetite. In all these cases a severe attack of typhoid fever had preceded the marasmus. The only explanation which he could give of these cases was, that the fever had acted upon the fat-collecting system in the way already pointed out.

Dr. Allbutt then referred to six cases of this kind, in one of which, however, the marasmus had not been preceded by fever, but by a protracted affection of the bowel, probably dysentery or diarrhœa.

Proceeding to the consideration of the results of dysentery, we may be allowed to quote from Whittaker, who says, " Dysentery is preëminently a disease of army life, its victims among soldiers numbering more than all other diseases together."

Sir James McGregor, medical superintendent of the British army, called it "the scourge of armies, and the most fatal of all their diseases." Aitken says that "it has followed the tracks of all the great armies which have traversed Europe during the continental wars of the past two hundred years." It decimated the French, Prussian and Austrian armies in 1792. In Cape Colony, in 1804, every fourth man among the soldiers was attacked with the disease, and of those attacked every fifth man died. In Napoleon's campaign in Egypt, dysentery numbered one-half more victims than the plague. Kinglake says "that five thousand men died of dysentery alone in the War of the Crimea."

In our own country during our Civil War, from 1861 to 1865, chronic camp dysentery was the cause of more than one-fourth of all the diseases reported—the mortality being 12.36 per 1,000.

Woodward states "that the dysenteries, acute and chronic, with diarrhœas, made their appearance in the new regiments at the beginning of the war, and though mild at first, quickly assumed a formidable character." Soon no army could move without leaving behind it a host of the victims. They crowded the ambulance trains, railroad cars and the steamboats. In the general hospitals they were often more numerous than the sick from all other diseases and rivaled the wounded in multitude. They abounded in the convalescent camps, and formed a large proportion of those discharged for disability.

"Most of the prisoners died of this disease and great numbers succumbed to it on retirement to their homes after the cessation of the war." "It is the story of many a campaign," Eichorst says, "that dysentery kills more men than the enemy's guns." But we must not lose sight of the prime object of this portion of our enquiry, viz., to determine the extent and degree of the remote and more or less permanent effects of the disease now under consideration.

The scope of this paper will only allow the briefest reference to the morbid anatomy of chronic dysentery, which may lead to results so remote that, in the event of the death

of the soldier from the secondary lesions after many years have elapsed, the primary cause of his death would be entirely overlooked. While many of the more severe cases succumbed early, yet another class lived to reach the northern hospitals or their homes, and, after suffering for a few months, died at last, either of abscess of the liver, peritonitis, or from exhaustion or marasmus; while many who suffered from the more severe forms of dysentery are living among us to-day, but who have indelibly impressed upon them a cachexia or definite organic lesion, which will in time determine their taking off. Many of these cases were characterized by the pseudo-membranous or diphtheretic process. If the patient survived the separation of the diphtheretic sloughs, a chronic flux often resulted, which persisted for an indefinite period, with ultimate recovery or death.

As Woodward observes, "It is a most important pathological fact of precious significance in connection with prognosis, that even very extensive ulcers, resulting from diphtheretic sloughing, may, under favorable circumstances, cicatrize. The cicatrization which results puckers the edge of the ulcers, and may in cases of extensive or circular ulceration lead to more or less stenosis of the intestinal tube." According to Rindfleisch the scars of dysenteric ulcers are very prone to contract, so that the liability of a subsequent stricture is directly proportional to the extent of the previous ulceration. The danger in these cases may be immediate from entire, or remote from partial, occlusion of the bowel. Thus Bamberger records a case of typhilitis due to impaction of feces above a stenosis gradually developed from a dysenteric ulcer. But another set of cases is followed by complications on the part of the joints, the nervous system, and on the part of the liver and kidneys. Beside the sequelæ just mentioned, as well as the deformities of the colon due to cicatrization of dysenteric ulcers, a long attack of dysentery is apt to leave a hyperæsthetic or non-resistant state of the mucous surface; so that every imprudence in exposure or in diet begets an intestinal catarrh or a relapse of the disease. As confirmatory of the foregoing conclusion, it may be stated that the

number of pensions granted for chronic diarrhoea and dysentery is 55,125. Diseases of the rectum, 22,517.

In regard to disabilities growing out of diseases of the eye and ear contracted while in the service, it seems only necessary to call your attention to the number of pensioners claiming defect of sight or hearing: From July, 1886, to December, 1887, there were 4,672 pensions granted for disability of the eyes. As about twelve per cent. of all applicants during the time received pensions, there was the enormous number of 39,000 applications in this class alone. About 18,000 individuals are now drawing pensions on account of disease of the eyes, contracted in the service.

Many soldiers base their claim for pension on either total or partial loss of hearing, either the result of disease or some accident incurred in the army. Heavy cannonading is the most frequent cause alleged. Specialists in disease of the ear have given this matter suitable consideration, and, I believe, are in accord as regards the efficiency of this kind of exposure in determining a greater or less impairment of hearing. Of this class now drawing pensions there are about 10,000.

In proceeding with the enumeration of the principal diseases, or rather classes of diseases, by which the soldiers of the late war were afflicted, and by reason of the greater or less degree of disability stamped upon him, he now draws a pension, we will hastily pass over those classes about which there can be little discussion as to their liability to chronicity, and proceed to the consideration of a small group of affections which constitute no small portion of the heritage of ill health of the surviving veterans of the war.

The pensioners whose disabilities are credited to diseases of the respiratory organs number about 37,000; diseases of the circulatory organs, which include the ordinary diseases of the heart, number about 40,000. Nervous exhaustion so-called, contributed about 5,000 to the pension list. Large as this number is, it does not adequately represent the actual number who, according to the belief of your essayist, are suffering from some form or other of nervous prostration, due

directly or indirectly to the vicissitudes and exposures of army or prison life.

The term neurasthenia, or nervous exhaustion, does not strictly cover all or even a large proportion of these cases, which are characterized by various trains of symptoms that cannot be grouped in any way, by which we will be enabled to give any known name to the disease, and when called upon to give certificates in this class of cases, have felt the need of a comprehensive term to characterize this condition so often found. This is not the place in which to discuss the essential features of neurasthenia, or whether any such disease actually exists. "We are confronted with a condition, not a theory," as Wood says. "There are various chronic diseases which may lead directly to nervous exhaustion; this condition may, moreover, be the result of disease which is long past."

Diarrhœa, dysentery and hemorrhoids and other rectal troubles, the slow starvation and brooding melancholy of prison life, leading to permanently impaired nutrition, especially chronic malnutrition of the nervous centers, leave behind them conditions whose source and nature it is most important to recognize.

It is deemed pertinent to this enquiry to examine somewhat succinctly the conditions which contributed to the enormous tables of disease and mortality among the Union prisoners of war, which may lead us to a more just conception of the probable condition of health of the survivors; this is neither a partisan nor sentimental question, but one of pure science—of cause and effect; it was a question of food, shelter and environment. The ordinary amount of solid food per day required to sustain human life is about forty-two ounces; the average ration, however, of the armies of various countries, as well as civil and military prisons throughout civilization, is somewhat above this amount. In southern prisons it appears that the average ranged from six to sixteen ounces of solid food, and this under unnatural conditions, relative to shelter, clothing and sanitary surroundings. The average mortality in the hospitals of Dublin is less than five per cent.,

in the civil hospitals of France from five to nine per cent.; the average deaths in the prisons of Massachusetts, Michigan, New York and Maryland was about two per cent.; the Union hospitals at Nashville received during the year 1864, 68,000 sick and wounded, of whom only four per cent. died.

The official records of Andersonville prison show that 2,678 men died in September, 1864, or more than fifteen per cent.; in October, more than twenty-seven per cent. died; in August 3,000 men died, and on the twenty-third day of that month one died on an average every eleven minutes. Of the inmates of Andersonville prison hospital seventy five per cent. died. The entire number of officers and soldiers, white and colored, killed in action during the War of the Rebellion was 44,238, and the total number of officers and soldiers who died of wounds received in action during the same time was 33,993. This as against the 60,000 who died in prison or immediately after being released, shows a difference of but 18,221 more men killed in action and dying of wounds than died from confinement in southern prisons. Careful estimates show that the average duration of life of the prisoners at Andersonville was ninety-five days. The men who were thus imprisoned and died so rapidly were in no way the feebler class of the army; they had generally served from one to two years and were generally inured to all the hardships of the field. Only those having the strongest constitutions lived to return. It has been said that the soldier who died suffered less than he who survived—"That the red dew of one baptism is upon them all." Who among you who are intimately acquainted with any of the survivors of these prisons will say that they are sound men—that they have not sustained permanent disability?

What we do find, even after this interval of time, is some form of continued irritation, a susceptibility to unfavorable impressions, or a liability to exhibit perverted physical conditions, with an intolerance of pain, an inability to withstand the extremes of heat and cold, or the ordinary vicissitudes of life, the prostration of any special part or function of the system, sleeplessness, irresolution, involving a spirit of

unrest, with a loss of power to concentrate the thoughts or energies, and often there are inexplorable, constantly recurring symptoms.

The limits which I had set for this address have already been overstepped, but this survey would be incomplete if I failed to recall the observations of Dr. Da Costa with reference to that affection to which so many of the soldiers were subject, viz.: "Irritable heart." The general clinical features of these cases were these: A man who had been for some months or longer in active service would be seized with diarrhœa, or fever, annoying, yet not severe enough to keep him out of the field. He rejoined—after a short stay in the hospital—his command, and again underwent the exertions of the soldier's life. He noticed that he could not bear them as formerly; he got out of breath and could not keep up with his comrades, was annoyed with dizziness and palpitation and pain in his chest, his accoutrements oppressed him, and all this, though he appeared well and healthy. Under a surgeon's advice he was sent to a hospital, where his persistently quick-acting heart confirmed his story, though he looked like a man in sound condition; the irritability of the heart continued for an indefinite time, and only very slowly did the excited organ return to its natural condition, or it failed to do so, notwithstanding the use of remedies which control the circulation: thus the case might go on for a long time, and the patient after having been the round of hospitals would be placed in the invalid corps, or discharged as unfit for duty. But what gives interest to this reference is the fact that very many of these "irritable hearts" pass into "enlarged hearts." We then had hypertrophy to deal with. Thus we see that out of a purely functional trouble serious organic mischief may arise. These cases are occasionally met with by those of us who are frequently called upon to examine applicants for pensions. Thus we see that functional disorder from excitement or over-action of the heart, no matter how produced, may end in organic trouble.

But you will ask, "How does the first derangement originate?" In the *nervous apparatus* of the *heart* in the vast

majority of cases; and the perverted innervation may be either primary or reflex; and Da Costa believes that in a large proportion of cases the disturbance is reflected to the heart, and that in the antagonism of the pneumogastric and sympathetic, we must look for an explanation. Assuming that the former slackens or suspends the action of the heart and the latter quickens it, it will be understood how anything which exhausts the controlling action of the first gives the power of the other full play; and how thus, many instances of irritable heart in connection with cerebral or gastric maladies may be explained. But Da Costa is inclined to accord to disturbances of the sympathetic elements of the cardiac plexus, the chief part in leading to manifestations of disease. Moleschott claims that moderate irritation stimulates their action; and while it may originate in the cardiac plexus, is much more likely reflected to them, as from the great *abdominal sympathetic ganglia*. And thus we have the probable explanation of the functionally disturbed heart of *gastric* and *enteric* affections. Further, from perverted innervation comes perverted nutrition, and thus heart disease may grow out of heart disorders. In the light of these remarks, cannot we come to understand how even mental emotion, acting through the nervous system on the nerves of the heart, may produce real trouble, and how "The worry and fret of a soldier's life and strain on the feelings, when long kept up, may give rise to conditions which, in figurative language, we call 'heart-weary' and 'heart-sick,' and which, not as a figure of speech, but in truth, may be the beginning of actual cardiac malady?"

HEREDITY IN TUBERCULOSIS.*

BY A. PESKIND, M. D., CLEVELAND, O.

The following is not a *résumé* of experimental research, nor of my own pathological investigations or clinical observations, but a resultant of some reading and reflection. I

*Read before the Cuyahoga County Medical Society.

would like to learn what are the prevailing opinions of the members of this society as to the etiology of tuberculosis. But this being too vast a subject to be discussed in such a limited time as is allotted to my essay, I beg permission to call your attention to only one of the factors that cause this disease, and this is hereditary predisposition. For the sake of convenience as well as for the avoidance of ambiguity, let us consider, for the present, tuberculosis as it affects the lungs; in other words, tuberculous phthisis.

First, is tuberculosis hereditary? In spite of the frequency with which tuberculosis affects generation after generation, that whole families are carried off by this disease, diverse opinions exist as to this etiological factor and existed even prior to the discovery of the bacilli by Koch. The reason for this diversity of opinion existing before the germ-theory of tuberculosis will not detain us at present. Suffice it to say, that the majority of pathologists at that period admitted heredity as a cause. Not all of those, however, who have accepted the hereditary influence of this disease have ascribed to it the same etiological significance. While Walshe thought hereditary phthisis infrequent, Vogel† would be tempted to admit heredity as the *sole* cause of phthisis. It has been shown that children of tuberculous parents, born previous to the parents' becoming infected with the disease, exhibit some degree of immunity against, or, better, resistance to, the disease, while those born after their parents have become tuberculous show greater susceptibility to acquire tuberculosis with the further advance of the parent's illness at the children's birth. Thus the younger children show greater susceptibility, and often die before their elder brothers or sisters. A very striking illustration occurs just now to my mind. Over forty years ago, a healthy young man, who afterwards became a priest by profession, married a delicate young woman. Soon after marriage, tubercular consumption developed itself, to which she succumbed when about thirty years of age, having left four sons. Soon after her death the priest married again, but at this time a robust

†Diction. de Med. et de Chirurg. Par Jocond. 1879. T. XXIV. p. 475.

woman, who gave birth to six children. This second wife happened to die from an acute disease, and the husband espoused a third woman. But only three children had blessed the third marriage when the husband died. The nine children from the second and third marriage are all living and healthy, some of whom I know. None of the children by the first wife are living to-day. All died from tuberculosis and in early life. The youngest boy died in childhood, the others reached manhood; one died at the age of seventeen, the eldest lived to become a father of three children, and the last one married while young, became a father of one boy, and died from the same disease that cut short the life of the mother and her other three sons. Although the step-mother might not have been tender and motherly to her step-sons, all the other conditions were the same. I would like to cite one more instance. Over twenty years ago a healthy *mother* began to show signs of tuberculosis. She was treated then by doctors who are still active and well-known practitioners in this city, and one of whom narrated to me this woman's history. She, during her illness, became pregnant and gave birth to a girl. Happily, the mother recovered after this confinement, and more children were born after her recovery. Unusual as it may seem, this only daughter, born at that period of her mother's illness, showed signs of susceptibility, became affected with acute tuberculosis, and died two summers ago.

In what manner then does heredity influence tuberculosis? The *direct* transmission was defended by some (Peter, Chauveaux and others), who have even cited in support of their views striking instances, and who with pathological specimens have tried to refute opponents. The majority, however, have favored only a transmitted predisposition, but not direct transmission of tubercle (Bouchardat* and others). Virchow suggested that only an irritable condition of the tissues is inherited, and not the disease itself, and the younger the tissues, the more they are irritable. The teachings of this distinguished pathologist have attracted eminent

**Ib.* p. 478.

followers. The indirect transmissibility of tuberculosis has had more advocates. These believe that tuberculosis affects persons who have inherited feeble constitutions. In other words, they hold not to heredity of tuberculosis, but to heredity of reduced vitality. An eminent physician in this city thinks he has never seen a robust healthy man become tuberculous. Another well-known and skilled surgeon in this city is so much an advocate of debility as the sole cause of tuberculosis, that for him a functional indigestion can be the primary cause of debility that will lead to a disease as constant in its lesions and uniform in its nature as tuberculosis.

With the discovery by Koch of tubercle bacilli, heredity necessarily began to be looked upon with suspicion. Indeed, how can an animal inherit a vegetable growth even from his nearest relatives, and this be a hidden cause for years to come? Impossible. Yes, infection is a granted possibility; direct transmission of the germ from parent to offspring is, according to this theory, no fallacious assumption. The offspring may be born tuberculous, having been infected, perhaps, at the moment of conception. Villemin,* who, a score of years before Koch, taught tuberculosis to be a virulent disease, defended his teachings with proofs that healthy and robust soldiers become tuberculous without any antecedent hereditary influence—a strong argument against heredity. Still he says: "It cannot be said that heredity plays the same rôle in phthisis as in syphilis(?) The only influence that ought to be rightly acknowledged is the transmission of an aptitude, more or less marked, to contract the malady." Thus this observer was forced to admit an hereditary aptitude. And no observer has as yet, either directly or indirectly, been able to deny the hereditary influence altogether. John Hughes Bennett† of Edinburgh, by no means an advocate of heredity, speaking about the diagnosis of phthisis says: "It is only by careful observation of the premonitory symptoms, the existence of a marked hereditary taint," etc., diagnosis

**Ib.*, p. 479.

†Reynold's 'System of Medicine.' Vol. II., p. 127. American edition. 1880.

is arrived at. J. Hutchinson* in his lectures recently said, when he spoke about the tuberculous and the scrofulous diathesis, "that in these a predisposing cause and an exciting cause are both present, the former being an inherent proclivity." So we learn of this eminent clinician that an hereditary proclivity exists as a predisposing cause of tuberculosis.

But the question still remains unsolved, and no light as yet is thrown upon our inquiry: How does heredity influence tuberculosis? Is there a cause for this disposition, for this irritability, for this adaptability, for this proclivity? Is there anything inherent within the organism that predisposes it to acquire this particular disease, a disease compared with lepra in ancient times—the scourge of our generations? What are the alterations in the tissues that may favor the future dissemination of tubercle? Are there any alterations at all?

Vogel,† the exclusive defender of heredity as the predisposing cause of phthisis, long before the bacilli made their appearance, said: "It is inherited like a trait of the parents, but just so as the resemblance of the external forms comports varieties from one child to the other, the same tuberculosis assumes different manners which cause to betray the observers. In Munich it has been noticed that illegitimate children committed to nurseries in the country are followed in the families of adoption by the hereditary influences which they owe to their parents, while the children with whom they are raised are not infected." Ruehle,‡ in whose opinion heredity is a very important factor, a strong advocate of heredity, tells us: "The general conditions, so called constitutional anomalies, which in many cases have manifested themselves, even from childhood, in the form of scrofula, or exist as an inherited or congenital taint, without having disclosed themselves by symptoms." Then he continues to say: "How this inherited diathesis is produced,

* 'Pedigree of Disease,' p. 55.

† Dict. de Med. et de Chir. 16., p. 475.

‡ 'Ziemssen's Cycloped.' Vol. V., p. 482.

or what is its real nature, are questions beyond our present knowledge. But if the external form of the body and mental qualities can be transmitted in families through generations, why should this not be the case also, with conditions which produce a disposition to certain diseases?"

A fair question, is it not? Eichorst recently reports a family in which diabetes occurred in all the males in four generations.* That "freaks of nature," so called, pass through generation after generation, is not a new discovery. L. S. Minora† reported in the *Vratch* of last May a few cases of congenital malformations of the toes and fingers, syndactylia, as he describes them. These were consisting of agglutinations of the second, third and fourth fingers or toes, affecting in three generations not less than twenty-eight persons, in seventeen of which the same toes and fingers were both affected. A very interesting article, but too long to do more than refer to it. Not less curious are the so-called "maternal impressions" as affecting the child in utero, an illustration of which, peculiar as it seems, has recently appeared in the *Medical Record* of New York. It is the case of Dr. John G. Harvey‡ of Blue Mound, Illinois, who writes: "On August 11, 1884, I performed the operation of circumcision on a boy three years of age, for the relief of a nervous trouble. On March 31, 1885, just seven months and twenty days, his mother gave birth to a boy who was as perfectly circumcised as the child upon whom I had operated; even the scars from the sutures were produced in the exact number and location of those on the organ of the boy on whom I operated." So far goes the communication. Supposing, then, that heredity may influence the offspring, that peculiar alterations may be inherited, where are they? Where are the lesions of a future destructive tendency?

Recently marked changes have been found in persons dead from the effects of tuberculous consumption. It is the changes in the vascular and nervous system I refer to.

**Ctblt. Med. Wiss. Philadelphia Medical Times.* November, 1888. P. 83.

†*Vratch*, 1888. No. 21.

‡*Medical Record.* Vol. XXXIV., p. 718.

Anomalies of these structures are well known. That the calibres of the vessels may not be proportionally developed in all the arteries and veins, pathology has furnished numerous examples. That the aorta or the pulmonary vessels only may be anomalously developed, has been known a long time. But the lesions described lately are of a peculiar kind. Nor can we be justified in assuming that these lesions are the consequences of the tuberculous process. The conditions that led to their investigations are against such assumption. Professor Manasein of St. Petersburg has noticed a peculiar rigid state of the blood-vessels of young consumptives. This has led him to search for an explanation through the anatomical appearance. Dr. C. N. Ippa undertook to do the work, the result of which appeared in the CLEVELAND MEDICAL GAZETTE August last, also in the Medical Record of New York, the latter borrowing it from the London Lancet, an abstract from the Vrach. A chronic fibrous endarthritis has been found by Dr. Ippa. The intima of nearly all of the large vessels was found thickened by fibrous tissue, the *pulmonary* and cerebral arteries being the only exceptions. I am inclined to believe that the condition of these vessels is hereditary in most cases, the hereditary disposition to these structural alterations developing at a certain age of the individual of a tubercular parentage. I have noticed several times marked premature vascular degenerative processes in persons still living who are of undoubted tubercular parentage, though themselves apparently escaping the destructive processes of tuberculosis. How many a cardiac neuralgia, how many an angina, how many an irritable heart, may be due to this cause! That these pathological vascular anomalies may develop in time, is, in my mind, as possible as are the peculiar modifications of, and acquisitions of, new structures in the organism, as the result of sexual and natural selections. That these hereditary influences need not invariably lead to tuberculosis is self-evident. But when life is very active, the nervous system at climax of irritability, the blood supply, from vascular derangements, inadequate to the demand to sustain a normal resistance, the exciting cause being present,

the disease develops. We know anæmia is the most common premonitory symptom of tuberculosis; the rapidity of the developing of anæmia; before this vital fluid seems to be structurally affected, suggests strongly capillary emptiness. Niemyer* long ago noticed, perhaps was not the first, that many chlorotics become tuberculous—a chlorosis “which develops in the course of concealed consumption.” This peculiar appearance of the external structures of the skin and mucous membranes is not necessarily due to the want of corpuscular elements of the blood, but most probably to emptiness of the capillaries, due to contractions of the capillary blood-vessels. Thus the last-named eminent clinician explains this phenomenon:† “. . . In some cases of chlorosis there is observed a persistent red color of the cheeks. . . . This is rendered clear by that the color of the blood is one, the filling up of the capillaries is another moment, from which the coloring of the cheeks depends.” It needs only to reverse this proposition to affirm what we have said. Dr. R. Serrand‡ gives the following as the precocious signs of tuberculosis: “1. Pharyngeal anæmia. 2. Defective approximation of the inferior vocal cords, from atony of the constrictors. 3. Localized congestion of the arytenoid mucous membrane, showing by swelling or cherry red coloring of that region. That the three signs can exist together or singly. The existence of one is a strong presumption in favor of approaching tuberculosis.” What causes this pharyngeal anæmia? Perhaps the dyspepsia, but this is not so common as a precocious sign as the anæmia; no hæmoptysis has yet occurred to explain this. It is not the pharyngeal mucous membrane alone, in fact, that causes suspicion of the developing perturbation; the whole integumental structure assumes this aspect. But the blood-vessels of the lung are devoid of vaso-motor fibres as anatomy teaches us; we may assume that the lung tissue may not share the anæmia of the rest of the body, but its lining mucous mem-

*Pathologie Chlorosis. B. II. S. 838.

†*Loc. cit.*, p. 837.

‡Medical Times. August, 1888. P. 656.

brane may even be congested—in some parts, perhaps, more than in others—and thus forming inflammatory foci which, through persistency of the determining causes, may become chronic and be the foundation for the destructive tubercle, *in the presence of the exciting cause*. Ippa's discovery of the absence of the same process in the pulmonary vessels which affected the other vessels tends to confirm the opinion that the pulmonary circulation may differ from the systemic. And this may be hyperæmic, while the whole system is anæmic. Pidout* says that "while chlorosis, non-strumous, non-dyscrasic, supports iron well, the same drug in chlorosis, associated with a strumous and herpetic diathesis, will excite hæmoptysis, the first index of a latent tuberculosis." The action of iron in congestive states of the circulation is well known. The existence of hereditary liability to developing lesions of the vascular apparatus seems very plausible. The vascular changes are beyond doubt coupled with lesions of the sympathetic nervous system, and explain the so pronounced nutritive disturbances.† The lesions of the cerebro-spinal nervous system also probably antedate the local manifestation of this disease. The intimate relation of this irritable substance in all the vicissitudes of the life of the vertebrata invites us to search for something abnormal here also. In fact, the literature on this subject is not entirely barren; pathological evidences of the existence of a degenerative peripheral neuritis, not due to infection by tubercle, has been demonstrated and elaborately described. But in conclusion I beg leave to add that the empirical treatment of the premonitory stage of tuberculosis, so successful when rationally employed, tends to confirm what I have said, and further research is needed to be able to more fully explain these phenomena. That the protective elements of the body must necessarily suffer from these neuro-vascular alterations, that chemico-physiological changes must take place in the epithelial cells of the pulmonary parenchyma, no one can doubt. That these chem-

*Dict. Med. Chr., p. 527.

† See also "Myoidema" in Finglayson's 'Clinical Diagnosis.' Am. Ed. 1878. P. 33.

ico-physiological changes may favor the invasion of morbid agents is very plausible. But what are these changes, in what do they consist, how can they be prevented so that a scientific therapy may attack them at their origin, or in their embryonic state of development, are still to be learned through practical demonstrations and clinico-pathological investigations.

CONGENITAL PHIMOSIS.*

BY S. W. KELLEY, M.D., CLEVELAND, O.

It seems to me there is scarcely an ailment in the whole catalogue of children's diseases and deformities equally easy of diagnosis, which is so frequently overlooked. Times and again the child's intractable fits of crying, restlessness and distress or spasms are attributed to colic, teething or worms, when a single glance at the prepuce would discover the true cause of the trouble. When the deformity is pointed out, almost invariably the father of the boy will remark, "Why I ought to have seen that myself," while occasionally the mother will confess that she thought she recognized a deviation from the paternal type, but did not like to mention it. I have found no statistics as to the frequency of this affection, but am sure it is quite common. I believe from my own observation that it exists at birth in more than half the cases. Congenital phimosis consists essentially in such a narrowness of the prepuce that it cannot be retracted so as to expose the glans penis. Of the two structures forming the prepuce, viz.: the integument externally and the mucous membrane internally, the latter is generally the one at fault. It is not only too narrow, but is often closely adherent to the surface of the glans. This seems to be the normal condition in foetal life, and when it has not entirely disappeared at birth, it may some weeks or months thereafter. I have seen the prepuce partially adherent up to the age of five and six years, but rarely, and once until past

*Read before Cuyahoga County Medical Society, January 3, 1888.

twelve years, which corrected itself before puberty. Though when it does not disappear by the development of the first two months after birth it requires attention.

In other cases the mucous membrane is not adherent to the glans, although too narrow at the orifice to permit of retraction, or it may be adherent in a part only of its extent.

These differences, with greater or less length and redundancy of the whole prepuce, constitute the varieties of congenital phimosis.

The symptoms exhibited vary according to the variety of the deformity and also independently of variety.

Congenital phimosis may exist without giving rise to any trouble at all up to the period of adult life, when it becomes an impediment to coition.

Here the orifice in the prepuce was situated opposite the meatus and was sufficiently open to allow the urine to escape, while the close adhesion of the mucous membrane to the glans prevented the urine from flowing around the glans beneath the membrane. This latter condition sometimes gives trouble. When the membrane is not adherent to the glans but the orifice is too small, upon attempting to pass urine, the prepuce is filled with it, puffing up like a ball, retarding its escape and causing symptoms similar to the effects of stricture, or of stone in the bladder.

Besides, the constricting membrane may prevent the normal growth of the glans, or cause it to grow unsymmetrically. Again, trouble arises from retention behind the corona glands of smegma, which collects in small masses, and by pressure causes unsymmetrical growth, or irritation, or ulceration, or even more extensive inflammation, setting up a balanitis, which may cause the membrane to become adherent to the glans if it was not so before.

In any of these conditions the child may be observed to cry as if pained, or exhibit restlessness and distress before, during or after urination. It may urinate too frequently or urine may be altogether retained. Sometimes the phimosis will give no trouble and pass unnoticed until the occurrence of an eczema preputialis or of herpes will further occlude the

small orifice and occasion symptoms. Children sometimes accidentally convert a phimosis into a paraphimosis, which is not only very painful, but may result in considerable damage. The bad effects of phimosis are not restricted to simple irritations of retained secretions and the local effects of obstructing the free flow of urine, or of interfering with the local circulation, but are sometimes exhibited in reflex disturbances even profound and extensive. Slight degrees of reflex difficulty take the form of incontinence or retention even where deformity does not cause mechanical obstruction to the flow. I have seen a most intractable case of constipation in a child a year and a half old, which had resisted all the laxative remedies of the pharmacopœa, and it had been perseveringly dosed since its birth, and relieved it entirely without a drug by simply operating for the phimosis, which was the sole cause discoverable. More severe are reflex spasmodic contractions of various groups of muscles which may cause an appearance like a real deformity of the foot or leg, or of real inflammatory disease of the hip joint. Still more extensive nervous irritation may give rise to general implication of all the voluntary muscles exhibited as epileptiform convulsions.

Dr. Sayre has drawn the attention of the profession to the etiological relations of adherent prepuce to epileptoid conditions, regards it as an "exceedingly important cause of acquired deformity," and published cases of paralysis of the lower extremities with contractions of the hamstring muscles, of "double talipes equinovarus paralytica," of "paralysis of the lower extremities and prolapsus of rectum," and others which were entirely cured by operative relief of the congenital phimosis, upon which they depended.*

He regards "the first step in the process as an almost perpetual excitation of the genital organs, this excitation followed by partial paralysis, and this paralysis accompanied by deformity."

Mr. Barwell was struck with the fact that nearly all the

* 'Lectures on Orthopedic Surgery and Diseases of Joints.' Lewis A. Sayre, M. D. D. Appleton & Co., New York. 1876. P. 13, *et seq.*

boys admitted into Charing Cross hospital with hip-joint disease had congenital phimosiis, and tabulated one hundred cases of hip diseases taken just as they came. He found that out of the one hundred cases eighty-three had phimosiis and only six had normal prepuces; the other eleven had elongation of the prepuce, which, however, could be retracted.

As to the etiological connection of these facts he says he would "rather not speculate further than to point that phimosed children have facile, frequent and long-continued priapism; that this condition, unnatural in the infant, must produce after a time a certain irritability or irritation of the lumbar spinal cord; that from this part the various nerves of the pelvis and lower limb are given off; that the influence of spinal irritation on the trophic nerves is well known, and at just this particular period large trophic changes are in progress about the hip joint."*

According to F. De Havilland Hall:† "An elongated and phimotic prepuce has not rarely seemed to be the cause of the train of symptoms comprised under the designation spermatorrhœa. At all events, the simple dorsal division of the prepuce has seldom failed to check promptly the frequent involuntary emissions and render the nervous symptoms amenable to appropriate treatment."

The irritation of a phimosed prepuce may lead to the formation of evil habits, detrimental alike to the physical and moral health.||

Mr. Hunter observed that a condition of congenital phimosiis is often attended with chancre, and that it causes great inconveniencies during their treatment.

Mr. Hey § stated that in nine cases out of twelve in which he had found it necessary to amputate the penis for cancerous disease, there was present also congenital phimosiis.

Mr. Timothy Holmes, in his admirable work on the 'Surgical Treatment of Children's Diseases' (p. 186), testifies to the

* 'A Treatise of Diseases of the Joints.' By Richard Barwell, F.R.C.S. London: McMillan & Co. 1881.

† 'Differential Diagnosis,' p. 129.

|| See 'Howe on Excessive Venery,' etc. E. B. Treat, New York. 1888. P. 19

§ 'Practical Observations in Surgery.'

et seq.

“serious consequences of congenital phimosis in the undoubted liability which it entails to venereal infection, to irritation of all kinds, and in later life to cancer of the prepuce and penis. It appears indubitable that most of the victims of the latter most terrible disease have suffered from congenital phimosis.”

Now, gentlemen, without proceeding to trace all the ills of the flesh to this little matter of the configuration of the prepuce, I have adduced enough to show that it is well worthy of our attention, and have seen repeatedly that it deserves more attention than it ordinarily receives.

In a case presenting any of the symptoms detailed, the possibility of their being caused by phimosis should ever be borne in mind. I am sure it will be found as frequent a cause as many which ordinarily receive the blame.

In fact, so common is the condition and so numerous its resultant evils that I have almost been led to endorse the Mosaic law in regard to circumcision from a purely hygienic point of view.

If Moses had used antiseptics and cut instead of tearing the mucous membrane, and perhaps left enough of the prepuce to protect the corona, and omitted the application of the mouth of the priest to the bleeding surface, I don't know that I should find much fault with him for subjecting every male child to the ordained rite; and if he had postponed the matter till the second month, and omitted it in a few cases that obviously by that time did not need it, I should not find any fault with him.

Of course there are now other operations besides circumcision, more suitable in certain cases, but in introducing a simple plan which pretty uniformly and successfully met the difficulty, Moses did very well.

There even seems to have been an attempt in the way of antisepsis as well as hæmostasis in the application of wine or vinegar and water to the cut surfaces. The modern Jews, at least in this country, have done away with the more repulsive portion of the priestly duty on the score of preventing infection of the wound from a possibly diseased mouth,

which has been known to occur, but the wine or vinegar water is squirted from the rabbi's mouth onto the wound. They also now use a bandage of carbolized lint.

Not every case of congenital phimosis should be operated upon without delay. If the child is under two months old, and seems to be suffering no inconvenience, it is better to wait a while, as in the process of growth and development of the organ nature may unaided correct the fault. I think it well for the attending physician, in case a boy baby is born with phimosis, to mention it to the parents that they may observe whether it disappears or continues. An opportunity is generally offered by the mother inquiring whether her babe is marked, though if she be nervously impressible, it might be well not to mention it at that moment.

In the case of any symptoms arising referable to this deformity, or of its persistence after two months, I regard Mr. Holmes' rule* as a good one. "Indeed, in any case where it is doubtful whether the prepuce is too long or too narrow the operation should be performed" for its relief.

I will not detain you with a detailed account of treatment. It is almost as simple as the diagnosis, although nice results will require nice care, and cases have resulted badly and even some have been recorded fatal.

Treatment consists in two classes of operations: Dilatations and cutting operations. Dilatation is either forcible or gradual, and the cutting operations vary from simple dorsal division with no sutures to quite artistic and complicated plastic maneuvers, with modifications by Dr. So and So and Mr. This or Professor That, too lengthy for our consideration to-day.

In general I do not fancy the dilatations. They have given me more bother and less satisfaction than they promised. I do not admire the tearing of the mucous membrane with the thumb nails, as described by Sayre and others, and practiced by the Jewish rabbis. It is more neatly and readily divided with a clean cut upon the dorsum, as introduced by Dr. Keys, thereby also increasing the

* Holmes' 'Surgical Treatment of Children's Diseases,' p. 186.

circumference, and the adhesions to the glans separated with a probe or director.

The simpler, not the simplest, cutting operations, do as well as the most complicated. Nature does wonders for the growing boy, if we only give her a little aid in the right direction.

HOSPITAL NOTES.

FROM THE PRACTICE OF DUDLEY P. ALLEN, M. D.,

Visiting Surgeon to Charity and Lakeside Hospitals and Consulting Surgeon to St. Alexis Hospital.

TREPHINING FOR INJURY TO HEAD.

In September, 1888, Mrs. W., while on a railroad train, was thrown violently backward, striking her head upon the metal arm of a seat. The point injured was the posterior superior angle of the left parietal bone. She did not become unconscious. She was helped from the train, but soon had to lie down, and was sick at the stomach, but did not vomit. Briefly, she suffered much from pain at seat of injury for about two months, but was up and about. The pain at the point of injury gradually increased, and there was great tenderness on pressure. Patient had occasional nausea, was dizzy and felt a tendency to fall backward, and while in bed to throw head far back. She was under observation in hospital for about one month, and pain, tenderness, sensation of pressure and dizziness increased rather than diminished. During this time patient was under full doses of bromide and iodide of potash and corrosive chloride of mercury. Ophthalmoscopic examination by Dr. B. L. Millikin showed marked tortuosity and congestion of the retinal vessels. Examination by Dr. Henry S. Upson disclosed no *positive* focal symptoms. There was, however, for about three weeks before operation, pain in the toes of the right foot, and as the point of injury was just posterior to the leg center for that

side, it seemed probable that these localized pains might be associated with the injury.

The ophthalmoscopic examination showing the strong probability of increased intercranial pressure, the pain in the right foot corresponding to the point of injury, the intense local pain and tenderness and the fact that the patient's condition was growing worse rather than better led to the determination to trephine. Concurring in this decision were Drs. H. K. Cushing, W. J. Scott, F. J. Weed, H. S. Upson, B. L. Millikin and Dudley P. Allen.

On December 13, about three months from date of accident, patient's skull was trephined at the point of injury by the large Horsley trephine $1\frac{3}{4}$ inches in diameter. The bone was wrapped in an antiseptic towel and kept under an antiseptic solution at a temperature of 100° F. The dura-mater was opened, and the pia-mater found to be much injected and lifted by an increase of cerebro-spinal fluid. No injury to the bone was discovered. The dura-mater was then stitched together; the large disk of bone was returned to its place; the periosteum was united, and over this the scalp. A small drainage tube was inserted at the most dependent point of the wound, and the skull was closely wrapped with antiseptic dressings. There was a slight elevation of temperature for a few days. The wound healed by first intention, without a single drop of pus. In three weeks the patient was walking about the hospital, and at the time of writing, four weeks after the operation, is feeling excellently; the old pain and dizziness have ceased. Patient sleeps well, and in a few days is to go home.

The striking features of this case are the enormous piece of bone that was removed and successfully replaced, after being under water at least one-half hour, the rapidity with which the patient has recovered a condition of comfort and apparent health; all this resulting from an operation to relieve the local congestion of the meninges, and to evacuate an increased amount of cerebro-spinal fluid.

DEATH FROM A GALL-STONE IN THE CYSTIC DUCT.

In September I operated upon Mr. S. — for stone in the bladder, and by litholapaxy removed at one sitting a calculus weighing $1\frac{1}{2}$ ounces.

Recovery was prompt, and in a very short time patient resumed his work, which he had been unable to perform for a long time previous to the operation, on account of great pain, so severe as to confine him to his bed.

On December 20, while working at the stove, patient's clothes caught on fire, but this was extinguished without any injury. Suddenly the next morning he was seized with agonizing pain in the region of liver, and soon went into a condition of collapse. Large hypodermic injections of morphia did not fully relieve pain.

The pain and depressed condition continued until December 24, when patient was thought to be dying. I saw the patient for the first time with my friend Dr. Goetz on December 25.

The probable presence of an impacted gall-stone was diagnosed, but patient was in a condition of collapse precluding operation. He died that evening.

At the autopsy the next day the bladder was found to be in good condition. Though the kidneys showed the results of chronic nephritis, urine had been freely secreted and uræmia as a cause of death could be excluded. Though three small fragments of stone were found, one in the bladder and one in each kidney, they in no way stopped the ureter or in any way caused the fatal termination of the case. The gall-bladder was found to be greatly distended and so tense that it had to be handled with the greatest care so as not to cause rupture.

The hepatic and common ducts were found to be free. The cystic duct was stopped by a gall-stone, and the gall-bladder contained nine ounces of bile and many small gall-stones. Since no other cause of death could be found, and since the onset of pain was sudden, intense and confined to the region of the liver, it seems that death must have resulted from the profound depression caused by the lodgment of the gall-stone.

The remarkable feature of the case is that a gall stone in the cystic duct, the common and hepatic ducts remaining free, should be accompanied by such large and apparently acute distension of the gall-bladder, and cause such intense pain and great depression as to result in death.

The Cleveland Medical Gazette.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

ANNUAL MEETING OF THE UNION MEDICAL ASSOCIATION OF NORTHEASTERN OHIO.

The seventy-first regular session of this excellent medical society was held in the parlors of the Hotel Buchtel, Akron, Ohio, Tuesday, February 12. About fifty members were present. The following officers were elected :

President, Dr. A. W. Ridenour ; 1st vice-president, Dr. H. J. Herrick ; 2nd vice-president, Dr. F. Hitchcock ; recording secretary, Dr. L. E. Sisler ; corresponding secretary, Dr. A. K. Fouser ; treasurer, Dr. E. W. Howard.

The chair announced the following standing committees for the ensuing year :

Admissions—T. H. Phillips, X. C. Scott, W. A. Knowlton.

Publication—L. S. Ebright, E. O. Portman, A. R. Baker.

Finance—H. J. Herrick, A. B. Carpenter, A. B. Campbell.

Ethics—E. W. Howard, D. B. Smith, T. C. Miller.

Obituaries—A. M. Sherman, T. McEbright, T. J. Reed.

The following appointments for the next meeting were made :

Essayist, Dr. W. C. Jacobs ; alternate, Dr. T. J. Reed ; lecturer, Dr. T. Clarke Miller ; alternate, Dr. A. B. Campbell ; poet, Dr. A. E. Foltz. Written reports of cases—Drs. T. H. Phillips, E. Hitchcock, J. Waggoner, R. F. Price, A. T. Woods, T. H. Brannon, R. D. Gibson and J. Harmon.

Topic for discussion—"Have we a new type of fever amongst us?" To be opened by Dr. W. A. Knowlton ; alternate, W. S. Hough.

The next meeting will be held in Ravenna on the second Tuesday in May.

The retiring president, Dr. B. B. Loughead, made the following suggestions and thought that the changes would add to the value of the work of the association :

"That a book be kept to be known as 'The President's Book,' in which the presiding officer shall keep a record of the assignments for duties on the programme, the name, date and part assigned, and whether the assignment was filled. By some such method the president will be enabled to so distribute the literary work of the association that none will be slighted, but all will have an equal chance to bear the burdens and share the honors of our programmes.

"I would also suggest that there be a definite duty fixed to the appointment of alternate upon our programme. I do not recollect to have ever been present when an alternate had any duty, and the appointment, so far as my knowledge goes, has always been a mere honorary one. I would respectfully suggest that the alternate be required to open the discussion upon the paper presented by the principal. He can easily inform himself of the subject upon which the appointee is to write and can be prepared to open the discussion. By some such arrangement as I have suggested there will be a regular appointee to fill the vacancy if the principal is not present, and when he is present, to open the discussion after the

reading of the paper, and the discussion will be more valuable than it now is. The loss of time often experienced after the reading of the paper, because of the great modesty of our members, no one wishing to be first, will be obviated, and the member who presents the paper will be relieved of the idea that his thoughts may fall still-born upon his audience.

“One further change I wish to suggest for your consideration, and that is that the three papers read at each meeting, viz.: the essay, lecture and opening paper of the discussion, be referred to the committee on publication; and that they be instructed to furnish some medical publication of general circulation in this part of the state with such of these papers as they may deem worthy of publication, with the added request that they be published and the association duly credited with their authorship.

“I am led to make this suggestion for the following reasons: Many of the papers which are presented here are worthy of a much larger audience than they secure. The gentlemen appointed upon the programme will be incited to greater care and research in preparing their papers if they know that a worthy paper will be published and read by hundreds instead of heard by tens. And, finally, the association will exert an influence upon the profession at large which will be salutary, and we will have at hand for reading and for reference papers which we will value for personal as well as scientific reasons. Those papers which are not considered of sufficient value to order published can be returned to their authors, and the same honor is accorded them that has fallen to almost all papers presented here in the years past. It is true this will add some work to the publication committee, but as this committee has rested lo, these many years, a little exercise will not injure them. I have observed with interest the great influence exerted by the medical societies upon the profession, by means of the publication of the papers read and the discussions which followed them; and I believe that the medical societies of the country are doing a greater work in educating the rank and file of the profession than all the books and lectures that are published. Gentlemen, con-

sider this matter, and see if our society, one of the strongest in the state, is doing its whole duty in this matter."

The president referred these suggestions to the publishing committee for consideration.

Dr. Loughhead's address was a valuable contribution to the subject of fever, with especial reference to the use of anti-pyretics. We hope to be able to present the paper in full to our readers at some future time.

Dr. D. B. Smith read an essay on the use of chloroform; Dr. A. B. Carpenter gave a lecture on prolapsus uteri, and reports of cases were read by Drs. Pontius, Baker and Walker.

AMERICAN EDUCATIONAL JOURNALISM.

Dr. T. C. Minor, in a recent number of the *Cincinnati Lancet-Clinic*, relieves his mind in the following strong, if not elegant, language:

"For several months past the leading journals of civilization(?) in the country, *i. e.*, Harper's and The Century, have devoted much of their advertising space to patent medicines and quack professional cards. As the exponents of the culture they represent and the educational purposes they serve, their advertisements, it may be taken for granted, afford a correct index as to the intelligence of their readers, who, it is safe to presume, are governed by the medical advice of the able editors.

"Among the numerous nostrums, largely billed and illustrated, may be taken, as an example, a preparation known as 'Recamier Cream,' a thing that Adelina Patti Nicolini—she of two or three husband fame—and other women of similar moral character, cry after; even that much-manned old French frigate, Sarah Bernhardt, weeps for joy when she pastes this delightful bichloride preparation on her pimpled cheek and fires off a broadside of bad French eulogy.

"It was Rasselas, prince of Abyssinia, who exclaimed: 'Ye who listen with credulity to the whispers of fancy, and pursue with eagerness the phantoms of hope, who expect

that age will perform the promises of youth and the deficiencies of the present day will be supplied by to-morrow, listen to the story of *Rasselas*.' This story may be found fully set forth in the advertising of Recamier's 'Cream' and a preparation known as 'Vita Nuova;' for artistic lying the writer of these cards could give Ananias points and then treble discount him. In order to do this, however, it is necessary to invoke the aid of the popular actress of ill-repute and the talented preacher of God's holy word—a strange combination, forsooth, but one that always hits that most easily gulled of all human beings, the so-called *bright* American, the principal patron and worshiper of humbuggery—for in America religion and the stage, with patent medicine, wander together hand in hand, seeking to delude the dear people, who are a fair prey for the average impostor. Pick up any religious or temperance paper in the country, and there you will find the 'Bitters' that contain alcohol, and the 'Opium Antidote' that is saturated with morphine. Without such 'ads.' theological journals would not thrive in the United States; and this tendency to perpetuate fraud through unscrupulous journalism has now extended like a pestilence to the lay journals of the land. The mischief wrought by these foul destroyers of soul, mind and body is incalculable; they are corruptors of morality, the insidious iconoclasts of public virtue and the paid agents of vice; the price of the 'ad.' soothes each drowsy conscience in a land where the struggle is for wealth, no matter how close the victim grazes the penitentiary bars in the pursuit of gain. The religious journals of the country have for years been the panderers to the venders of abortive remedies; Christ is crucified in one column and pennyroyal and cotton-wood pills praised on the opposite page. It is no wonder that physicians, year by year, are evidencing a wider tendency to denounce religious and so-called moral journalism. The most sensational morning journal in the country would modestly shrink from publishing the filthy 'ads.' found in some of the religious weeklies of the United States, where the 'retired clergyman,

ruined by early indiscretions,' etc., publishes his cards with the holy address of 'Bible House,' New York.

"It seems to be a popular belief that the regular medical profession objects to patent medicine because it interferes with their practice; such is not the case, for these nostrums are largely responsible for the Bright's disease and bladder troubles of this country. Every dozen bottles of patent medicine sold over the druggist's counter makes a patient for the doctor. It is not difficult to cure disease oftentimes, but the present epidemic of patent medicine damphoolery, nurtured and fostered in the interests of the various churches of America, should be restrained. If clergymen desire respect for their calling they should preach what they practice. The 'Bitters' in the study closet, while an aid to preparing the usual dull Sunday sermon, have enough alcohol in them to induce the clerical cirrhosis of the liver, or theological brain softening, which seems to be a common complaint just at the present period."

A NEW METHOD OF MAKING OPHTHALMOSCOPIC EXAMINATIONS.

At a recent meeting of the *Berlin Medical Society*, Dr. Bellarminhoff presented a new method of making ophthalmoscopic examinations: When a piece of glass is brought in contact with a cornea which has been anæsthetized with cocaine, and carefully pressed upon it, in consequence of capillary attraction, the glass and the cornea form together a surface which removes more or less the corneal curvature, so that the eye becomes hypermotropic; and the strongly divergent rays emanating from its surface can easily fall on the eye of the observer. The pupil is dilated and the eye examined by daylight with a plain mirror; the fundus of the eye is illuminated and can be seen with both eyes in the direct image at the usual reading distance. The fundus can also be seen by two or three persons standing near by. The magnifying of the image is not great, but an increased field of vision is gained.

The advantages claimed for this method of examination are :

1. It can be used even by those inexperienced in the use of the ophthalmoscope.
2. The possibility of an examination of the fundus by two or three observers at one time.
3. It is thought that it would be of use in examining the anterior structures of the eye.
4. It will facilitate the examination of the eyes of children, of the sick confined to bed, the insane and of animals.

Dr. Schweiger has convinced himself that the method of Bellarminhoff is easily accomplished.

Professor Hirschberg claims in the *Berliner Klinische Wochenschrift*, that a similar method was proposed by him in the year 1882. He has studied refraction of rays in a living pike, having covered the pupillary portion of the cornea with water and then placed upon it a glass cover.

In the same year (1882) he showed by this method that the fundus of the eye of a horse can be seen in daylight without previous dilation of the pupil.

NEW BOOKS.

'WOOD'S MEDICAL AND SURGICAL MONOGRAPHS.' Published monthly; \$10 a year; single copies \$1.00. For sale by Garfield, Public Square, Cleveland.

'THE PEDIGREE OF DISEASES.' By Jonathan Hutchison, F. R. S., London.

'COMMON DISEASES OF THE SKIN.' By Robert M. Simon, M. D., London.

'VARIETIES AND TREATMENT OF BRONCHITIS.' By Dr. Ferrand, Paris.

These three important contributions to medical literature are reproduced, the two latter for the first time in this country, and the last-mentioned for the first time in English, in a collated form under the general title of 'Wood's Medical and Surgical Monographs,' and will be followed by other works, in a similar form, monthly.

This project is intended to supply to the profession, at a nominal price, a class of literature which has not heretofore been available to the majority of them, and in doing so, 'Wood's Monographs' is expected to occupy a position among periodical literature at once important and unique, the use-

fulness of which will be enhanced by the publication in the December number of a complete index to all the works included during the year.

We will take pleasure in noticing these works from time to time in our Book Review department, and we hope this new undertaking of this enterprising medical publishing house will prove as successful in supplying the medical profession with good medical books at a nominal price as Wood's Library of Standard Medical Authors has done.

This series of Monographs is intended to furnish the busy practitioner with full and complete essays upon the prominent topics of the times in the medical world. While "Abstracts" and "Progress of Medical Science" in the weekly periodicals serve to direct the attention of the profession to what is being done in the way of discoveries and in practice, these Monographs will inform him fully regarding the details of the experiments and methods which have led up to the successes attained—details essential for everyone desirous of following the original thinkers in the same line of investigation or practice.

The inaccessibility of much of this literature to those unable to read foreign languages is due to the fact that the translation and publication of small Monographs dependent upon the usual methods of sale are not sufficiently profitable to attract publishers, and consequently little of that very important portion of medical literature, as it appears in various parts of the world, in the form of small books, is reproduced, and in its original form is not kept on sale even by book-sellers who make a specialty of foreign works, while in America the publication of such Monographs is practically unknown.

'DISEASES OF THE MALE URETHRA,' by Fessenden N. Otis, M. D., published by George S. Davis, Detroit, Michigan, is No. 10 of "The Physicians' Leisure Library" series.

It is fully up to the standard of those which have preceded it and without doubt will prove a valuable aid to the busy practitioner who desires to keep abreast of the times in treating diseases of the male urethra.

The student will also find this little work very valuable, as the anatomy, histology and pathology of the parts are given, as well as the diagnosis and treatment of the various diseases.

'HYSTERIA AND EPILEPSY, WITH SOME CONCLUDING OBSERVATIONS ON EPILEPTIC INSOMNIA. By J. Leonard Corning, M.A., M.D. 1888. George S. Davis, Detroit, Michigan. Price 25 Cents.

Dr. Corning is better known to the profession by his writings on "Brain Rest," "Local Anesthesia, Carotid Compression," etc. This is a satisfactory little treatise upon the subjects of its title.

It is one of the Physicians' Leisure Library Series and may be had in paper cover for twenty-five cents, although it is a book of 176 pages and as ordinarily published and bound would retail at about \$1.50.

PAMPHLETS.

[In most cases anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

1. 'THE PROCEEDINGS OF THE FIFTH ANNUAL MEETING OF THE OHIO STATE SANITARY ASSOCIATION, HELD AT TOLEDO, FEBRUARY 9 AND 10, 1888. COMPILED FROM THE SANITARIAN OF MARCH AND MAY, 1888.' By R. Harvey Reed, M.D., Secretary, Mansfield, Ohio.
2. 'THE HISTOLOGY AND SURGICAL TREATMENT OF UTERINE MYOMA.' By Henry O. Marcy, M.D., LL. D., of Boston, U. S. A.
3. 'JOURNAL OF THE RESPIRATORY ORGANS.' Edited by J. Mount Bleyer, M.D. Published monthly, January, 1889. New York: Napoleon Thompson, publisher, 51-53 Maiden Lane. For sale by J. H. Vail & Co., 21 Astor Place.
4. 'INEBRIATE ASYLUMS AND THEIR WORK.' (Part of a lecture delivered before the Y. M. C. A. at Toronto, October 2, 1888.) By T. D. Crothers, M. D.
5. 'PLACENTAL DEVELOPMENT.' By Henry O. Marcy, M. D., LL. D., of Boston, U. S. A.
6. 'MESSAGE OF GOVERNOR ROBERT L. TAYLOR TO THE FORTY-SIXTH GENERAL ASSEMBLY OF THE STATE OF TENNESSEE, JANUARY 10, 1889.' Nashville: Marshall & Brown, printers to the state. 1889.

1. This publication contains numerous papers upon sanitary subjects, scientific, practical and political, with discussions of the same. Among them we may mention the annual address on "The Duty of the Hour," by President E. T. Nelson, Ph. D. It is a bird's-eye view of the present status of sanitation. "Sanitation in Architecture," D. L.

Stine, esq., Toledo; "How Far has the Science of Ventilation Advanced," Isaac S. Smead, esq., Toledo; "Hygiene of the Sick-room," F. C. Larimore, M. D., Mt. Vernon; "Children's Homes and Orphan Asylums," F. H. Darby, M. D., Morrow, Ohio; "Effects of Present Educational Methods on the Health of Women," Charles A. L. Reed, M. D., Cincinnati; "Ventilation of Sewers," John McCurdy, M. D.; "The Heating and Ventilation of Passenger Coaches," by R. Harvey Reed, M. D., a timely and thoughtful article; "The Duty of the Public to Sanitary Science," G. A. Collamore, M. D., health officer, Toledo; "Foods and Food Adulterations," Victor C. Vaughan, M. D., Professor of Chemistry, University of Michigan; "Meat Poisoning," John A. Chesney, M. D., Bucyrus, Ohio; "Village Boards of Health," Austin Hutt, M. D., Waverly; "The Necessity of a Uniform Means of Reporting to Health Departments," by W. J. Scott, M. D., Professor of Clinical Medicine, Western Reserve University, Cleveland; "Cholera: Its Prevention and Limitation," D. H. Beckwith, M. D., Cleveland; "Should Syphilis be Made a Legal Bar to Matrimony?" C. E. Beardsly, M. D., Ottawa, Ontario; "Cremation as a Sanitary and Economic Measure," Lew Slusser, M. D., Canton.

2. Dr. Marcy does not credit the recent reports of a bacillus having been found to cause uterine myoma. He still finds the growth composed of muscular bundles united by very delicate layers of connective tissue, and exhibits some fine plates made from photo-micrographs. He advises hysterectomy whenever the condition of the patient jeopardizes life more than the operation, which, with modern wound treatment, is reduced to a minimum. He favors intra-peritoneal treatment of the stump, ligatured with a chromicised tendon from the kangaroo's tail. The stump is sewed through and through—a shoe-maker's stitch, done with a needle set in a handle like a Peaslee needle, without cutting point. The needle carries the ligature as it is thrust through, is unthreaded, threaded with the other end of the ligature, and then withdrawn.

3. This is the initial number of a publication which is to be devoted exclusively to the communication and interchange of ideas upon diseases of the nose, mouth, throat and lungs. It is to be a special journal, but is intended also for the general profession. The present number, fourteen pages, contains some translations and clippings.

4. This pamphlet gives an historical sketch of the opinions, public and private, professional, lay, legal and ecclesiastical, which have been held in regard to inebriety, down to the present, when it is considered to be neither demoniacal possession nor alone a spiritual or moral madness, but a disease, and best treated in asylums, or rather hospitals, properly equipped and managed for that purpose.

5. After an outline of the life and labors of Ercolani, with an expression of highest admiration thereupon, Dr. Marcy proceeds to review the investigations of that distinguished comparative anatomist upon the placenta, presenting also his own studies in the same line. In regard to the simple layer of epithelial cells which most observers now regard as the only intermediary between the maternal and fœtal blood, Dr. Marcy follows Ercolani, Turner and others in regarding them of maternal origin, instead of fœtal, as taught by Virchow. In the discussion which followed Professor Simpson also expressed his belief in their maternal origin as demonstrated by Ercolani.

6. In the course of his message Governor Taylor warmly praises the successful labors of the Tennessee State Board of Health in limiting the spread of contagious epidemics, and urges that a contingent fund be placed at the disposal of the board to carry on their work. He also asks especially favorable consideration of a measure providing a system of registration of births, marriages and deaths in that state.

NOTES AND COMMENTS.

Dr. J. William White has been elected clinical professor of surgery in the University of Pennsylvania. Dr. John Ashurst was given the chair of surgery, recently resigned by Dr. Agnew.

Diphtheria is reported to be epidemic in Hancock county, this state. It is feared the schools will have to be closed. Fortunately there are few malignant cases.

Dr. Joseph S. Lusk died at his home, Butler, Pennsylvania, February 2, at the age of sixty-three. Dr. Lusk was a graduate of Cleveland Medical College, 1850.

Dr. J. B. Hamilton, who had accepted the position of editor of the *Journal of the American Medical Association*, has sent in his resignation after a brief experience of a few weeks in the editorial chair. He expects to hold his position as surgeon-general of the Marine Hospital service indefinitely.

Meeting of the Alumni of Western Reserve University.—The annual meeting of the Alumni Association of the Medical Department of the Western Reserve University will take place in the main amphitheatre of the college, corner Erie and St. Clair streets, Commencement Day, Wednesday, March 6, 1889, at 2 P. M. A full programme is assured. The Alumni have been cordially invited to participate and a large and successful meeting is expected.

The Supreme Court of the United States has rendered a decision in regard to the validity of the West Virginia Medical Practice act, that will set at rest a great deal of the discussion as to the constitutionality of Medical Practice acts. The following is a part of the decision :

“If the means adopted are appropriate to the calling or profession and obtainable by reasonable study and application, no objection to their validity can be raised.”

Professor W. J. Scott has tendered his resignation of the chair of clinical medicine in the faculty of the Medical Department of Western Reserve University. Dr. Scott has been an esteemed teacher in the Cleveland Medical schools for a quarter of a century. We regret to hear of his decision to

give up teaching, and we hope to see his genial face for many years to come among us, and will be pleased to have him address a large class occasionally through the pages of the GAZETTE.

Dr. John C. Dalton, the most renowned teacher of physiology in this country, died February 12, at the age of sixty-four. He had an unusual talent for simplifying the intricacies of his subject and was the first to make use of impromptu drawings for the purpose of illustrating his lectures. To those who have not had the pleasure of listening to Dr. Dalton's lectures, he is best known as the author of his admirable text-book on physiology. Dr. Dalton was not a practitioner of medicine, but took an active interest in medical societies and often was heard in discussion at their meetings.

"*Semelincident*" diseases. The *Pittsburgh Medical Review*, January, 1889, says there is no word in medicine that expresses the characteristic of certain diseases which occur but once in the individual—those disorders in which one attack confers immunity from subsequent infection. Dr. Williams of Allegheny suggests a term descriptive of this class of maladies, which is new to medical lexicology. It is "*semelincident*," from *semel*, once only, and *incido*, to happen or occur. The word appears to be a useful one; it has the added merit of being grammatically correct and is worthy of adoption.

St. Louis medical circles are all stirred up over a medical society fight. The Chicago Medical Society considers itself aggrieved, and has ordered an investigation of alleged irregularities on the part of some of its members. "*Modern Newspaper Enterprise*" sent out a quick-witted woman, who visited a number of physicians and, claiming she was *enceinte*, sought relief. The result was published in a five-column interview. Stark county medical men, we are informed, are in a somewhat similar condition. The medical students of the University of New York are making things extremely interesting for the faculty of that institution. We hope the profession in Cleveland, who have been dwelling together in peace and harmony these many years, may long be spared one of these ever-recurring medical fights, which always do irreparable harm, and never do any good.

An Attack on Pork.—Our esteemed contemporary, *Daniel's Texas Medical Journal*, after having let the world roll round

in its old bad way for some time, has suddenly roused itself and made a violent attack on the hog. The *Journal* has reason to believe that Moses was an advanced sanitarian, and would, as it seems, add the great law-giver's fiat against pork to the eternal interdictments of the decalogue. Exactly why Texas is trying subtly to undermine the prosperity of Cincinnati we cannot say. Pork is not a meat that slips into the circulation without some strain on the gastro-enteric secretions; but it is no worse than veal, nor certain varieties of the Texas steer which find their way eastward. The pig is likely to be with us indefinitely, and it will be better to improve his habits than exterminate him. We fear that the Austin butchers have been working some of the smaller domestic animals into our contemporary's morning sausages.—*Medical Record*.

READING NOTICES.

We have received a very unique calendar from Messrs. Thomas Leeming & Co., New York, agents for Nestle's Milk Food. Everything in the way of advertising done by this house is good; their statements are short and to the point; they have a good article, they evidently know it, and want the medical profession to know it also.

We call the attention of our readers to the advertisement of Messrs. R. A. Robinson & Co., Louisville, Kentucky, which will be found on another page of this issue. This firm was established forty-five years ago, and enjoys a wide-spread reputation as a sound, honest, reliable business house. We do not hesitate to endorse their preparations as being all they claim for them.

Messrs. J. B. Lippincott Company announce to the profession the publication of a 'Cyclopædia of the Diseases of Children,' medical and surgical, by American, British and Canadian authors, edited by John M. Keating, M. D., in four imperial octavo volumes; to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and as this is the only work of the kind that has been published in English, it will be invaluable as a text-book and work of reference for the busy practitioner.

The Use of Pepsin in the Local Treatment of Diphtheria and Membranous Croup.—The field for the use of pepsin seems constantly extending with the improvements made in the quality of this agent, and it may now be employed with greater certainty as to results than ever before. The application of pepsin to digest away the membrane in diphtheria and membranous croup is not new, and is more or less commended and resorted to by physicians in the treatment of these diseases.

Naturally, however, its utility depends entirely upon its digestive activity, and, on account of the many preparations of pepsin of feeble or no digestive power heretofore at the disposal of physicians, the results obtained have been in some cases discouraging.

As to the value of pepsin, however, in these affections, when of proper purity and strength, there can be no question. We believe that the recent improvements in pepsin, securing greater purity, strength and permanence, will lead to its extensive use in diphtheria and membranous croup, maladies now attended with such grave results, even when combatted by the most expert medical care.

It is to be hoped, and it is certainly highly probable, that the further study of digestive ferments will lead to the production of a pepsin still more active.

If the false membrane could be easily digested, and there seems no reason why it might not be with a pepsin of high digestive power, we could expect to have fewer grave cases of interference with respiration and blood poisoning from absorption of septic material, now, alas, so frequent. Send to Parke, Davis & Co., Detroit, Michigan, for sample, and give their preparation a trial.

Diet in Diabetes Mellitus.—In discussing the dietetic treatment of diabetes mellitus, C. A. Goldsmith, M. D., of Methuen, Massachusetts, very pertinently observes:

"In this disease, above all others, we must keep our patient upon an absolutely animal albuminous diet until entire absence of sugar in the urine has been observed for at least two months. Examine urine twice a day if practicable. Keep a record for future reference. If only a single test is made daily, it should be near midday to properly observe the effect of the previous day's diet upon the glycogenic functions.

"In enforcing this strictly dietetic régime, I cannot insist too strongly upon its inviolability, for a single infraction of

it, to the extent of only two or three mouthfuls, I have seen followed by the reappearance and continuance for weeks of the dreaded sugar.

“Make your selections from beef, veal or mutton, denuded of all fats and cartilage. Boil, stew or broil your meats with very little butter, flavor with pepper and small amount of salt, as this tends to increase thirst and aggravate the already parched conditions of the mucous membranes. All kinds of fish, oysters, game and fowl are also admissible. The whites of eggs may be served with light wines or lightly boiled. In cooking the fish or oysters they should never be rolled in pulverized cracker, flour, or corn meal, as these articles are amylaceous in character, but boiled or fried with very little butter and seasoning. To combat the dyspeptic symptoms and fainting sensations which may appear by a rigid adherence to an animal diet, I have found a highly albuminous fluid food called Bovinine to act admirably. Administered a short time before meals, the patient is enabled to eat heartily with no discomfiture afterwards. This article may also be used to supplement the table diet at any time during the day or before retiring, as a diabetic patient should not be confined to three meals a day. During all this time I would interdict the use of all vegetables and return to them with the greatest caution, using at first only those which contain absolutely no starch. This *régime* may appear very radical, but with the hearty and intelligent coöperation of the patient it is possible and practicable, and, in uncomplicated cases, I have seen it followed by the happiest results.”

Wanted, to purchase cheap, an old case of general operating instruments, or any part of such a set, which would do for post-mortem work or operating upon the cadaver. State number and name of instruments, size of case if any, condition and price asked. Address F, care CLEVELAND MEDICAL GAZETTE.

If any of our subscribers have books, instruments or specimens they wish to sell or exchange, we will insert a notice not to exceed five lines free of charge.

Notices of practices or property wanted to buy, sell or exchange, will be inserted for any of our subscribers without charge.

—THE—
Cleveland Medical Gazette.

VOL. IV.

MARCH, 1889.

No. 5.

ORIGINAL ARTICLES.

GERMAN STUDENTS AND THEIR FRATERNITIES.*

DR. H. FORTLAGE, CLEVELAND, O.

In accepting the invitation to address this cultured audience on the above subject, I am fully aware and feel thoroughly that I am unable to do it full justice, especially in such a brief space of time, but I shall endeavor in a modest way to give a brief outline of one of the most complete educational systems extant, and as much as I know of the society and fraternity life of the German student.

What constitutes a German student? In Germany, if I am told of another, "He is a student," I know immediately where to place him, have a general idea of his educational past, as it is known that the requirements of schooling through which he has to go in order to earn that title are mapped out definitely and distinctly from his earliest childhood up to the time he shows his ripeness, by final examination, for the university, and that only by successfully passing that examination can one become a member of a university, by which act he becomes a full-fledged student.

*Read before the Delta Upsilon Fraternity, October 26, 1888.

And only as a member of the university, or its sister institution, the Polytechnic institution, can one be properly addressed as a "student."

In order to give you an idea of what one has to go through to earn that (especially to the German) proud title of "student," I must give you a brief outline of the educational system of Germany.

Let us take up the embryo student and follow him in his educational struggle to reach his goal.

At the age of six years he enters the public school and continues until his tenth, when he undergoes an examination. From the tenth to the eighteenth or nineteenth year (for nine years) he attends the "middle school" or "gymnasium," which can be compared to our high school or our private institutions which prepare for college, with the exception that the curriculum is more extended.

The middle, or high school, is divided into two branches, the "gymnasium," or classical high school, and the "real-gymnasium." In the gymnasium the classical branches are of main importance, whereas, the real-gymnasium gives more prominence to mathematics and living, or modern, languages.

The graduate of the real-gymnasium is entitled only to pursue such studies by the aid of which he can later become professor of mathematics or the modern languages; furthermore are accessible to him the higher forestry positions under the government, the studies necessary to become state architect, and in some states the study of medicine, because more branches are taught in the real-gymnasium that are useful in medicine.

The gymnasium or classical high school, on the other hand, is the open door to every higher career.

This course of studies is absolutely necessary to entitle a young man to enter a university and call himself a German student, and occupies usually the time from the sixth to the eighteenth or twentieth year.

As the middle or high schools are divided into two branches, so the studies at the university divide themselves into

classical and the mathematical and modern languages. Each university contains four principal faculties: 1. Faculty of theology. 2. Faculty of law. 3. Faculty of medicine, and 4. Faculty of philosophy.

There are just twenty universities in the German empire, of which the largest is that of Berlin, with its nearly six thousand students, to which our own country last year contributed the stately number of one hundred and fifty-six. The polytechnic institutes are different from the universities in so far as they do not possess the faculties of theology and law.

All the schools combined are under the control and management of the governments of the different states, although any student of a school of one state can go to the same school of the other states and after his final examination is entitled to the same official position, or to practice his profession in any of the states, just as in his own.

The school laws of one state are in accord with those of the others to such an extent that the whole forms readily one harmonious educational system under imperial administration, at the head of which is the minister of education.

This close relation between all the educational institutions, especially the universities, all working together under one general management, explains to some extent the amount of good work these institutions give to the world and the splendid triumphs of science which they record.

As mentioned above, the German scholar becomes a student only after being matriculated at one of the different universities. This point of his career is longed for with impatience, and is regarded with especial satisfaction, and for this he has ample grounds.

Before becoming a student he was treated as a scholar at school, was bound and hemmed in on all sides, in a rigid way held to go through the whole plan of studies prescribed for him, whether certain features suited him or not.

With the matriculation at the university all this changes like magic. He is now considered ripe to act for himself and is placed upon his own responsibility. He enjoys the fullest

measure of freedom, especially regarding his studies. Nobody compels him to attend the lectures he has selected for himself. He is responsible to nobody as to how he spends his time, and is given the greatest amount of personal freedom within certain boundaries.

I have been an observer of his life and doings, and have lived with him many bright and happy years—among the brightest of my life—and cannot imagine a more free and unrestricted life than that of the German student. It does not admit of comparison with the student life at the great English universities and colleges, nor with that of our own country.

And yet, with all this, as a rule, the student does not misuse or abuse his precious freedom. He is fully aware that freedom means self-restraint.

He attends his lectures. He works, and usually hard, when he does so, and enjoys his leisure when he is through. He understands his situation fully and thoroughly and knows that he is there to prepare himself for life's serious battle, and when his final examination time comes he presents himself, ready to give an account of how he has made use of his time.

The most interesting part of the German student life is undoubtedly that of the fraternity life.

In forming societies it would seem most natural that students belonging to the different faculties would form associations among each other, and this occurs frequently. These societies are mostly scientific in character, some few of them religious.

But as a rule the students join societies which bear a close relation to the historical and political development of the country. As early as the middle ages, and later during the time of the Reformation, students coming from the same part of the country grouped themselves together and thus formed students' societies, called "*Landsmannschaften*," denoting that they were countrymen, and named "*Bavaria*," "*Frankonia*," "*Saxonia*," etc.

Societies of the nature of the "*Landsmannschaften*" existed until the Napoleonic wars in the beginning of this century.

With the dawn of the present century political interests began to have influence on the spirit and composition of the student societies, and the students no longer associated themselves according to birth-place, but according to their political views.

In consequence of this the "Landmannschaften" gradually developed into the "Burschenschaften," or "fellowships." Such students as took an interest in national affairs no longer joined the "Landmannschaften," but formed independent societies called "Burschenschaften." These last-mentioned societies have as founders and members men who rank among the first poets and statesmen of that time—Jahn, Justinus, Körner, Uhland, Schenkendorf, Burger, Arndt, Fritz, Reuter, etc. The spirit of freedom with which the "Burschenschaften" were inspired, and which was spread through and from them to all classes of the people, was one of the chief causes of the united and spontaneous uprising of the whole people against Napoleon the First, of his overthrow and of Germany's deliverance.

It would be natural to think that such service to the Fatherland could not find a high enough reward.

But, on the contrary, as soon as the tendencies of these "Burschenschaften" became uncomfortable to the German and European potentates, they were suppressed with all the means at hand of a despotic government. The "Burschenschaften" and their members were persecuted to the extent of state's prison, and in some cases even were sentenced to death.

The persecution reached its height when a "Burschenschaftler" named "Sand" killed "Kotzebue," the Russian minister to Baden, because of his extreme reactionary and anti-freedom views.

The "Burschenschaften" were now considered as dissolved, although they lived on in secret, with the same political views and tendencies, but their real power was broken.

To bring a sort of counter-weight to the "Burschenschaften," societies were organized at the various German universities called "Corps." The "Corps" societies excluded from their statutes and constitutions everything of a

political nature, or having a political tendency, and had for their object only that of pastime and diversion.

As the "Burschenschaftler" and "Landmannschaftler" were robbed of their vitality by the state, and the Corps excluded everything which bore any relation to politics, it is not to be wondered at that the German student society life, from year to year, became gradually flatter and flatter, and seems at the present time, perhaps, to those uninitiated into the inner life of these societies, as mere play work. Not so is it with one who has been brought up from childhood with the idea that later, as student, he would become a member of one of these societies and make it a matter of pride to worthily represent it. As soon as he becomes a member of his society, be it the "Burschenschaft," the "Landmannschaft" or "Corps," which act is performed with unusual ceremonies, he is given as external sign the colors of his society, and this only conditionally. Through his election as member he is by no means as yet endowed with all the rights of the society, but must first document his ability to become a member during a few trial semesters; in short, he first becomes a "Fuchs" or "Freshman." Just here let me state how one of these societies is organized. Each is composed first of members with all rights, who have gone through their Fuchs or freshmanship in every detail, and shown themselves worthy of the title, and secondly of "Füchse," who must first earn their "Burschen" dignity.

At the head of each society is placed a senior.

He does not owe his position to the number of years he has studied, but is elected by the Burschen.

At his side are placed officials who likewise are "Burschens," and obtain their position, like the senior, through election by their fellow Burschen.

The most important of these positions, next to the senior, is that of the so-called "Fuchs-Major," who takes care of the "Füchse" and presides over them at any and all of their social meetings. Each society has likewise, the one more, the other less, so-called "Kon-Kneipanten," that is, such members who, for one reason or another, for instance, examination

time, have asked to become inactive Burschen. They thereby lose all their rights except that of taking part at the social meetings.

The "Fuchs" upon his admission into the society promises strict obedience to all its rules and regulations. His chief aim must be to show on every and all occasions an honorable and manly character and a courageous and firm address.

What is said above concerning the inner society organization applies to nearly all student societies.

One would believe that as there are really no great and important differences between any of the different kinds of societies, that a friendly and brotherly feeling ought to exist between them.

This is not the case however, and has its origin and ground to a great extent in tradition, so that, for instance, a "Burschenschaftler" who wears colors would never cultivate intimacy under any circumstance with a Corps student who wears colors.

I must add here, in order to make the above more plain, that all student societies of one kind distinguish themselves from those of another kind by three colors, which are carried on the caps and across the breast, over one shoulder, between coat and vest.

The different kinds of societies likewise have different kinds of shields or crests, and different names.

In order to develop strength and courage each member is obliged to practice the noble art of "fencing," in the fencing hall, of which the different kinds of societies each possess one of their own.

This practice is frequently referred to as a barbarous degeneration of student life, but is, according to my opinion, not to be looked at in such a serious light. Especially if one considers that the German students on the whole are strong, healthy and well-developed young men, it is easy to comprehend that an exercise such as fencing is, can only be of the utmost benefit for a strong young man in more than one way. One must not picture to himself that these fencing halls are

places where they meet to vie with each other in brutally slashing and cutting up one another. On the contrary, the whole matter is well regulated, and conducted in a very orderly manner.

The principal weapon used is the rapier, which is under usual circumstances a harmless weapon and is nearly always used in common duels.

In the fencing halls the young men are placed in condition to use this weapon properly, and one can easily imagine that hot-headed natures are now and then led to make use of their skill in a serious way.

Especially as the German student possesses a sense of honor, which does not take quietly even the slightest insult, and as at the same time he would consider it a disgrace to himself to seek satisfaction for an insult through the agency of the law.

Only the "Corps" and "Landsmannschaften" have the so-called appointment duels, that is: two students are selected by the seniors of two different friendly Corps to show their skill upon command, and no Fuchs can ever become an active Bursche, or member, if he has shown himself guilty of even the slightest shadow of cowardice.

It is to be remarked here, however, these duels are fought out only with the very harmless rapiers, and result, most always, in a light skin and flesh wound on the cheek, or on the top of the head, as all the most important organs are carefully protected before the duel begins.

It is only in cases of very heavy insults, and after careful consultation, that a duel with dangerous weapons, such as sword, cavalry sword, or pistol, is allowed, which, however, is of extraordinarily rare occurrence.

So dangerous as all this appears, it only exists for the purpose of sharpening the courage and energy.

Every society has its own club-room in which their meetings, social and otherwise, are held.

The different Burschenschaft, Landsmannschaft and Corps societies, of the same university, and of the whole country, are closely connected among each other, and a Bursche of a

"Corps" in Berlin, for instance, is entitled to admission to the "Corps" in Bonn, without the loss of any of his privileges and rights, it being, by the way, quite the custom in Germany, for a student to attend more than one of the universities during his student time. As this connection is between the "Corps," so it exists likewise among the other societies. These fraternities have their fixed rules and regulations, which are determined by a convention of all the societies of one kind, be it one of all the "Burschenschaften" or of the "Landmannschaften" or "Corps" societies.

The conventions, which meet annually, have also the power to change the rules governing the brotherhoods, and transact other business. In case of a difference between two brother societies, this convention likewise decides.

With the completion of his studies the member ceases his active connection with the society.

Yet he will always remain in close and intimate contact with it, and when he leaves the society he is officially titulated as *Alter Herr* [old man]; but as *Alter Herr* he will be honored on all occasions, especially at the annual meetings, with their festivities. His counsel will always be accepted with pleasure, and his voice can count upon weight and respect in all matters pertaining to his society.

OPENING ADDRESS MEDICAL DEPARTMENT OF
THE UNIVERSITY OF WOOSTER, FEB-
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BY A. R. BAKER, M. D., CLEVELAND, OHIO.

The present is a transitional period in the history of medical education in America. Our system of medical instruction has been of gradual growth and peculiar to this country. The first physicians who practiced scientific medicine in early colonial days were educated abroad. But the supply was not equal to the demand. "In 1776 it has been estimated that there were not two hundred graduates of medicine in the country; and not over three hundred and fifty practitioners of medicine who had received a liberal education." Young men without previous medical education were taken into the office of practicing physicians, for whom they rendered such assistance as building fires, taking care of the horses, dispensing drugs; and, in the course of a few months or years, were permitted to see emergency cases and visit patients. Thus originated our peculiar institution of medical preceptors. Many of the early practitioners of medicine never attended a medical college. There were no such schools in this country, and few could make the long voyage across the Atlantic to attend the European medical institutions. And we are told that even "during the early part of this century, almost the entire body of men who entered the profession, entered through examination of one of the 'Boards of Censors,' as the examiners were called who were appointed by the state medical societies and their auxiliaries." In this way, "these societies were the principal agents in fixing the standard of medical education, and although after the establishment of medical schools, the diploma of one in good repute was accepted in lieu of an examination, this was by courtesy rather than by law." The tendency of the present medical legislation in several states is to return to methods similar to those tried in the

last century and found deficient. I hope it will prove more satisfactory in this.

The medical colleges were the natural outgrowths of the system of medical education in the preceptor's office, and, consequently, systematic courses of medical instruction were not attempted at an early period. They were not endowed or supported by the state, but depended upon the fees of the students. They, "like many institutions peculiar to America, were called into existence by the necessities of the time." Medical students would naturally seek those physicians of a wide reputation as preceptors, where they could have the advantages of a library, and possibly a few "bones," or even an entire skeleton. It was in the office of this practitioner that the student gained his first knowledge of medicine and surgery. "Here he pulled his first tooth, opened his first abscess and performed his first venesection, applied his first blister, and administered his first emetic." "His clinical lectures were heard as he rode from one patient to another with his master."

Three years of such study were necessary before entering upon practice, the same length of time required now. As the reputation of a physician became more famous, students came to him in greater numbers. Gradually his lectures, given upon horseback as he rode through the country, took a more formal character and were delivered in his office, or possibly in some public hall. This formed the nucleus of a medical school. "Several such teachers united their efforts and thus were organized the medical schools of Philadelphia and other cities." The first authentic record we have of dissections having been made, for the purpose of imparting medical knowledge, was in the year 1750, at which date Drs. Bard and Middleton, in the city of New York, "injected the blood-vessels of a body which they dissected for the instruction of several young men engaged in the study of medicine." It is quite probable that similar dissections were made prior to this date by other physicians, of which no record has been preserved.

According to Dunglison, in 1754-56 a course of lectures

on anatomy and surgery, accompanied by dissections, was delivered at Newport, Rhode Island, by Dr. William Hunter of Scotland; and in 1762 Dr. Shippen, in his anatomical lectures at Philadelphia, laid the foundation of a medical school, now the University of Pennsylvania. It was organized upon the plan of the Edinburgh Medical School, and has been the pattern which all our colleges have imitated. In 1767 steps were taken for the establishment of a medical school in New York, which is now known as the College of Physicians and Surgeons. In 1782 the Medical Department of Harvard University was organized by Dr. John Warren, and was located at Cambridge, Massachusetts. The fourth medical school instituted in this country was that of Dartmouth, at Hanover, New Hampshire, in 1797. These were all the medical schools established in the United States before the beginning of this century. Thus it will be seen that the establishment of medical colleges is of comparatively recent date, and that the great mass of physicians, in the early history of the country, received their medical education in the office of the preceptor. This method of study has its advantages; while it does not, as a rule, make scientific practitioners, the medical man educated in the physician's office has many advantages over the one educated in the medical school. He has abundant opportunity for clinical observation; he is trained daily in the art of prescribing and dispensing medicines; he learns many of the essentials of a successful practitioner which cannot be gained in the lecture room or even in hospital and dispensary practice. Our patients suffer from mental ills as well as physical ones, and the secret of retaining their confidence during serious illness, or during the meddlesome interference of some busybody, can only be learned by practical experience, and this experience can be gained nowhere so advantageously as in the office of a successful practitioner. But, notwithstanding the many advantages of study in the preceptor's office, this time-honored custom is fast becoming a tradition of the past. The average medical student of to-day is not willing to sweep office, build

fires, groom horse, care for children and make himself generally useful to the doctor's family in order to pick up the few crumbs of medical knowledge which may be dispensed by the way. The increased time spent in attendance upon medical lectures leaves but little time for study in the preceptor's office. The writing of prescriptions has dispensed with much of the necessity for the student's assistance in compounding medicines. Sharp professional competition makes it necessary for the physician to give his patients his personal supervision. He can not turn them over to the tender care of the medical student as formerly. These are but a few of the reasons why the position of medical preceptor is becoming of less importance from year to year, as a factor in medical education. All endeavors to elevate the standard of medical education must take this fact into consideration, viz. : that *the medical preceptor has served his day and age and must be numbered among the antiquated institutions of a pioneer civilization.*

The lengthening of the course of lectures in our medical colleges, the preliminary terms, the spring courses, the post-graduate schools, and the increased popularity of spring and summer schools, all attest to the need of some system of medical instruction to supplant the medical preceptor. But this increasing of the length of the college term and number of courses required for graduation has only served to call attention to the defects of the didactic lecture system of medical instruction. The course of medical lectures has gradually been increased from three or four to five or six months. Most schools have made provision for a third or even a fourth course of lectures, and quite a large number of schools have made a third course a requisite for graduation. It was an imposition upon the medical student to compel him to listen to the same course of lectures twice, but to compel him to take the same dose the third or fourth time, is more than even a medical student, who is expected to patiently bear all sorts of indignities, should be called upon to endure. The remedy for this anomalous position in which the medical colleges find themselves situated is easily

found. It is the *graded course*. But the remedy is easier discovered than applied. In order to successfully conduct a three years' graded course, the number of hours devoted to teaching must be trebled; either every professor must devote three hours a day to teaching, whereas formerly he gave but one, or the number of teachers must be increased threefold. In the former case the college must be endowed, or the fees greatly increased, as but few teachers could give the amount of time requisite for the merely nominal compensation which the average medical college professor now receives. In the latter case, if a sufficient number of teachers are employed, the quality of the institution must suffer from putting inferior men in the responsible position of teacher. A few years since the announcement of the Medical Department of the University of Pennsylvania, a graded school, contained one hundred and thirty-one names of professors, lecturers and assistants. The same year the announcement of Jefferson Medical College, an ungraded school, contained less than twenty names of professors, clinical assistants and other instructors. These two announcements illustrate very graphically the requirements of the two systems of education as to the number of teachers employed.

It is pleasing to note that those schools which have adopted the graded course of instruction "have every reason to feel gratified at the results attained." I believe that it is only a question of a few years until every medical school will be obliged to adopt a graded course of some kind in deference to public opinion.

The late Professor Gross, speaking of the class of 1877 in Jefferson Medical College, says: "It is lamentable to think how imperfect the whole system of medical education is in this country. Our students are driven from one lecture to another, hour after hour, like so many cattle, and the wonder is that when they come up for their final examination at the close of the session, they have any knowledge at all of a fixed or definite character. The fact is, much of what the student is taught in the early part of the session is knocked out of him before the close. He gets a daily surfeit from the

beginning to the end, and the consequence is that his knowledge is vague and imperfect in every branch of his studies."

"Of the two hundred and three candidates for graduation, fourteen were suspended. They were re-examined and all passed but five!"

In a recent address on surgery as a science and an art, Dr. Frothingham of Ann Arbor said: "Didactic lectures, instituted in the days when books were few and costly, by the power of conservatism, have already held their place of prominence longer than they should. They have outlived their period of usefulness, and seem to serve for the entertainment of indolent students more than they do the purpose of thorough education in such a branch as surgery."

Dr. Dutton, previous to this, asked, in THE CLEVELAND MEDICAL GAZETTE, "whether the time has not fully come when the attention of the medical profession should be called to methods of medical teaching. In all our colleges didactic lectures occupy the time for the most part. Clinics and quizzes are sandwiched in, but the published time schedules, which fairly represent the plans pursued in all or nearly all the courses of study, show that lectures (so-called) are the sources from which the student is expected to acquire professional knowledge. On five and sometimes six days of the week he is required to listen to these from four to seven hours daily, with the exception of the few minutes allowed between lectures for change of teachers or lecture rooms. Why should medicine be taught in this miscellaneous way, while in all other departments of scientific instruction primary importance is attached to classification? May it not be proper also to enquire whether it is profitable for any student, of whatever mental capacity, to pursue so many branches of study at once? Those most familiar with teaching tell us that three solid studies are as many as can be pursued at once in other schools, and the courses of studies in our scientific and literary institutions everywhere are arranged on this plan. By what principle do we make medicine exceptional in this respect? Might not the professors in our medical colleges learn much to their profit by consulting

more frequently those who have studied more specifically the principles and art of teaching? More lectures are given now than formerly, where fewer might be better. The stuffing processes are the same now as ever. The student is seldom expected to *prepare* a lesson. He has no time. He often cannot know the topic even of the next hour. Nor has he time to review carefully a lecture after he has heard it. He frequently does not so much as own or have access to the books which treat of many subjects presented to him. His preparatory studies with his preceptor have, in most instances, been pursued also in a desultory way. Preceptors *precept* very little, and the facts are that medical students, as a rule, from the time they enter a preceptor's office until they are honored by their M. D. degree, have little opportunity to receive careful, methodical, scientific teaching."

If the time has come when the preceptor must go, when the didactic lecture must go, what system of medical education must be adopted? I think that it is the belief of everyone who has given the subject much thought, that most subjects, such as chemistry, anatomy, physiology and materia medica, should be taught by recitations, laboratory work and "quizzes," the same methods that have proven most satisfactory in other educational institutions. The course of instruction must be increased from five or six to ten or twelve months, and not less than three years of such instruction must be necessary for graduation. Clinical teaching must be made a more prominent feature in all our medical schools.

Such a radical change as this contemplates cannot be made at once. It must be of gradual growth. It will require greater facilities for laboratory, microscopical and experimental research than medical colleges now possess. It will necessitate a large corps of teachers who devote their entire time to teaching. This will necessitate large endowments, such as none of our medical colleges now have. If this, then, be true, we cannot at once give up all that has proven of value in the past; we must make the best of such material and advantages as we have at our command.

Dr. Billings says that, in the discussion of medical education, "it seems to be often assumed that all physicians should have the same qualifications and be educated to the same standard, which, in one respect, is like saying they should all be six feet high, and, in another, is like the army regulations which prescribe the same rations and allowance of clothing for Maine and Florida, Alaska and Oregon. A young and energetic man, who has spent six years in obtaining a university education and four more in the study of medicine as it ought to be studied, that is to say, in preparing himself to study and investigate the rest of his life, will not settle in certain districts. He has invested ten years' labor and from five to ten thousand dollars, and a locality which will give him a maximum income of perhaps fifteen hundred dollars per annum will not be satisfactory; in part, because the capital should bring a better interest, in part, because he will have acquired tastes which will make his life unpleasant in such places. Yet these places must have physicians of some sort, and it is not clear as to how they are to be supplied if some of the universal and extreme reforms in medical education which have been proposed are to be enforced."

The old system of medical preceptors and didactic lectures has not proven a complete failure, notwithstanding all that has been said against it by friends and enemies alike.

The medical profession in the United States compares favorably with that of other countries, in which the period devoted to medical study is from four to twelve years. "We have reason neither to boast nor to be ashamed of what we have thus far accomplished, and we may begin this new era in the hope and belief that to us applies the bright side of the maxim of Cousin, 'It is better to have a future than a past.'"

¹⁷² As long as it is possible to secure such enthusiastic, successful teachers as Gross, Flint and Delamater, the didactic lecture will occupy a place—probably a minor one—in the curriculum of medical study in our medical colleges.

At this transitional period in the history of medical edu-

cation, there is a place for the spring and summer medical school, such as only the Medical Department of Wooster University and one or two similar schools now fill. Many medical students have found their study in the preceptor's office unsatisfactory. The usual medical course of five or six months has left him no means of pursuing his medical studies except in a sort of desultory reading, such as he may be able to do at home. Whether the spring and summer school has come to stay, and thus solve the problem of increased length of college year, or whether it is only a stepping-stone to a full year's course of medical instruction, I can not say.

Among the many changes wrought in the requirements of a medical education, is that of not making a written "thesis" a requisite of graduation. When the only method of instruction was the didactic lecture, and the only examination an oral one, the faculty had no adequate means of estimating the fitness of a candidate to receive a medical degree.

The "thesis" gave some clue as to the applicant's knowledge of English grammar and orthography. It also, if honestly written, gave an opportunity to judge of many other qualifications of the student. But as the theses were written merely as a formality necessary to graduation, they deserved the just criticism of Dr. Gross, who said that "not one in fifty affords the slightest evidence of competency, proficiency or ability in the candidate for graduation." This being true, and written examinations having been substituted for oral ones, it is very easily understood how the "thesis" should fall into disrepute; yet I think the colleges are making a great mistake in giving up this important requisite of graduation. If the "theses" were printed, as in European schools, the strictures of Dr. Gross would not prove true. Then, there would be every inducement for the student to do his best. There would not be much danger of deliberate plagiarism when he knew that his friends, medical men, the public and the press would be his critics, instead of one professor, who, in all probability, would not

read it. The publication of "theses" in this manner would have "a permanent historical value; they would reflect the character of the teaching, and would serve to stimulate the student to make original research."

Before medical journals were established, a number of valuable "theses" were published in this country. At that time, it was permissible for a professor to "prefix a statement, not to exceed sixteen pages, as an introductory notice to a 'thesis' of a student." It was not necessary that the introduction should have any connection with the one discussed in the student's paper. Sometimes the professor would continue his subject through twenty or thirty dissertations, so that many of them are not wholly preserved. This is one of the few ways in which a physician of that time could make a record of his observations. "If a country doctor wished to make a communication to his professional brothers in those days, he was obliged to print it in a pamphlet form at his own expense, or else send it to someone connected with either a medical school or with some scientific society, and trust to his making it known for him." This was the day of big books, and if a physician did not wish to write a volume, there was little inducement for him to attempt literary work.

"Boerhaave, one of the most remarkable physicians of the eighteenth century, and one of the most voluminous contributors to the medical literature of that period, left an elegantly bound volume at the time of his death, which stated on its title-page that it contained all the secrets of medicine which a physician need know. Upon opening the book it was found that all the pages were blank except one, which contained this sentence: 'Keep the head cool, the feet warm and the bowels open.'" You will find before you complete your medical studies that there are *more* secrets for the physician of the nineteenth century to learn than were contained in this legacy of Boerhaave, if none better.

Now, ladies and gentlemen, I presume, to be in fashion, I should put on a long face, and in a deep and sepulchral voice inform you that you have made a grave mistake in

commencing the study of medicine; that the profession is overcrowded; that actual starvation stares you in the face; that it were better not to have been born. This is all nonsense. There are worse professions than the medical. It is true there are many unpleasant experiences in a doctor's life, but the same is true of every occupation. It is also true, that barely half of you will follow the practice of medicine as a profession. Some of you will become lawyers, others preachers, others missionaries, others newspaper men and many of you will enter mercantile pursuits. But what if you do? What have you lost? The knowledge you gain in the medical school is the most valuable you can have. It was Dr. Dick who said, "It is somewhat unaccountable and not a little inconsistent, that while we direct the student to look abroad over the surface of the earth, and survey its mountains, rivers, seas and continents, and guide their views to the region of the firmament, where they may contemplate the moons of Jupiter, the rings of Saturn, and thousands of luminaries placed at immeasurable distances, and yet we should never teach them to look *into themselves*, to consider their own corporeal structure, the numerous parts of which they are composed, the admirable functions they perform, the wisdom and goodness displayed in their mechanism and the lessons of practical instruction which may be derived from such contemplations."

Agesilaus, king of Sparta, when asked what things a boy should learn, replied, "Those which they will *practice* when they become men." If this was good advice given to the youth who dwelt upon the shores of the Ægean sea, two thousand years ago, it is even more so, still, to the young men who dwell in this fairer land of ours.

It is remarkable what a beneficial influence a medical education has in strengthening the physical, mental and moral stamina of a young man. I think the young men who commence the study of medicine are not above the average in these attributes. In fact, if we are to believe the recent statements which have been made as to the pre-

liminary attainments of medical students, they are quite the opposite. Yet I think no one will question the statement that the members of the medical profession are the peers of those of any other. They have a keener perception of the fitness of things. They may not have a great veneration for religious dogmas, but they have an acute sense of right and wrong. There is a subtle something that lends dignity and strength to the character of those educated in medical colleges, not found elsewhere. In just what this consists, I am not able to say. Those of you who, after completing your medical education, enter upon other pursuits of life, will never have occasion to regret the time and money spent in the medical school. The knowledge gained *about yourself* will prove ample reward. There are in every community a number of successful business men, who have been regularly educated in medical schools. I have never met one who regretted the time spent in medical study. I have met some who did the time spent in medical *practice*.

Those of you who are destined to become the physicians and surgeons of the future, are on the dawn of one of the brightest periods in the history of medicine. You will have the pleasure of reading some of the most wonderful books ever written. None of them have been completed. One of the most interesting will be on the subject of bacteriology. Only the first few pages of the introductory chapters have been written. It remains for you to write the book itself and tell us what influence these germs have upon the economy. Are they the cause of disease or only the result? One of the works, even more important than that on bacteriology, is that on ptomaines. Of this great book even the introduction is not written—only a few detached lines here and there, and these in foreign tongues.

There have been many additions to the ponderous volume on therapeutics. It is wonderful to think what has been done in the past five years, even since some of you commenced the study of medicine. Cocaine has revolutionized the practice of eye surgery and diseases. New antipyretics have been introduced in such numbers that we are left all at

sea as to which to use in the treatment of fevers. Acetanilide and other similar preparations promise to supersede the use of opiates in the treatment of painful affections. Time forbids me to more than mention the advances of modern surgery. This book is much nearer completion than those in other departments of medical progress. The introduction to this work is complete and many chapters written, yet there is much for you to do. The greatest book of all is barely commenced, and that is the one on "Preventive Medicine." It may be there are young men before me now, destined to make discoveries rivaling that of vaccination.

Who among you will discover some certain means of preventing the ravages of consumption, diphtheria, scarlatina, measles, typhoid or yellow fever? He who does will have his name placed alongside of that of the immortal Jenner, and will be remembered when that of Alexander the Great and Napoleon are forgotten.

If, then, you are about to lay the foundation of a professional life with such boundless possibilities, make them broad and deep, and it may be your good fortune to add a few pages to these wonderful volumes that will serve to add to the happiness of the race.

Whatever niche you may occupy, always remember that yours is a good and noble profession, and never permit yourself to degrade it to a trade.

The medical profession is the best profession, the worst trade. As a profession, the physician attends medical societies; he establishes medical schools; he publishes medical journals and books. As a trade, he publishes quack advertisements in the religious newspapers; he compounds secret nostrums; he promises no *pay*, no *cure*. As a profession, he attends sanitary conventions; he spends his best time and money in discovering the cause and the best means of preventing disease. As a trade, he magnifies small ailments; he caters to the ignorance, prejudices and superstitions of the people, and charges big fees for curing diseases which have no existence except in his fertile imagination. As a profession, he educates the medical student; he com-

municates to him all the knowledge which years of study, investigation and experience have taught him, so that the young man may practice intelligently and well; he endeavors by every legitimate means to elevate the standard of medical education. As a trade, he obstructs medical progress; he retards beneficial medical legislation; he cares not for the good of the people; no scheme so foul, no practice so low, but that he will undertake it to fill his pocket with money; he will violate every sacred bond of humanity; he will transgress every law of the land; he will sin against himself, his patient and high heaven for a few paltry dollars. As a profession, when the physician makes a valuable discovery, he hastens to publish it in the medical journals or announce it to the medical societies, where it will do the people the most good and himself the most harm financially. If he invents a new instrument, instead of patenting and making a fortune out of it, he straightway puts it into the hands of the profession, without money and without price. He is animated by the same professional spirit when he meets a case of diphtheria, typhoid fever or other preventable disease; he spares no time or labor or expense to find the source of the disease and remove it, and thus lessens his already meagre income. Instead of one case of typhoid he might have had a dozen.

It is ever thus the physician is constantly laboring to prevent those diseases he is paid to cure. He educates young men to enter the profession only to take the practice he has so laboriously established. Judged by any trade standard, the members of the medical profession are either fools or madmen! But let us thank God that the practice of medicine is not a trade, but a grand, good and noble profession, of which it has been said, "it is the flower of our civilization, and when that stage of man is done with, and only wondered at in history, he will be thought to have shared as little as any in the defects of the period, and exhibited most notably the virtues of the race. Generosity he had such as is only possible to those who practice an art, never to those who drive a trade."

CORRESPONDENCE.

LETTER FROM COREA.

SEONE, COREA, ASIA, December 26, 1888.

Although this is December 26, we have had no cold weather and only one light fall of snow. We have frosty nights and pleasant days; the thermometer seldom falls below zero in winter. We have early spring, but warm and wet summer. The country is mountainous, with fertile valleys, and well watered by rivers and streams. The products of the country are rice, barley, vegetables (some from American seeds), beef, pork, mutton and an abundance of all varieties of game; also grapes, fruits and persimmons. The people are dark in complexion and wear loose, baggy trousers and white or colored robes of a variety of colors, hats made of wire gauze and sandals of straw or wooden shoes. The city of Seone has a population of three hundred thousand and lies in a deep basin. The city is surrounded by a stone wall, to prevent invasions of other nations, especially the Japanese, who were in the habit of devastating everything a few years ago. The wall has thirteen gates which close at seven o'clock P. M., and are opened to the public again, at early morning, to allow the farmers to get to market at an early hour. The fuel of Corea consists of dried leaves, grass and twigs of small pine-trees. Coal is mined at Ping Yang, one hundred miles north of Seone, but the mining and transportation of it fix the price at eleven dollars per ton. The coal is carried down in boats, but the pine wood and other fuel are taken to the city on the backs of oxen and ponies, as there are no vehicles of any kind in the country. The houses of Seone are made of a combination of mud and stone, with a straw or tile roof and generally no floor. The streets are very narrow, with few exceptions, and filthy. The filth remains in the gutters and causes a great stench in warm weather, and occasionally an epidemic of cholera, with a mortality of seven hundred per day. At the present time variola is the prevailing disease and has reached the compounds (residences) of some of the missionaries, but with light attacks so far. The diseases met with are fevers, quartan ague, an excess of venereal diseases,

skin diseases, of which the most common are eczema and pruritis, eye and ear diseases, leprosy and all varieties of surgical diseases. We have a large hospital, with accommodations for fifty patients, but at present we have only nine inmates. We reduce the number as low as possible in the winter, on account of the scarcity and high price of fuel. The hospital belongs to the king, and is well furnished with instruments and medicines and thirty nurses and attendants. The Coreans become good nurses after some training. We have a native in the dispensary who can fill all the prescriptions without an error. The government provides us with three interpreters; they are becoming expert in the diagnosis of some diseases (they never make a mistake on ague and indigestion). The patients are faithful, and adhere closely to all the requirements, and are always ready and willing to be operated upon when necessary. They are superior to the Chinese in that respect and are not superstitious. The Coreans have great faith in American physicians and come for two and three hundred miles to be treated. We expect to record fourteen thousand patients this year. Last year's report showed twelve thousand, and the work is largely increasing. The hospital is now three years old. A large number of the natives seem to be constituted with a strumous diathesis; we have large numbers of cases of scrofula and ulcers and abscesses; iodide of potassium and mercury seem to work wonders amongst them. The nation seems to be degenerating from the hereditary diseases; they seem to be entirely ignorant of the etiology and prognosis of syphilis. Our room for the examination of patients is rather small—fifteen feet by fifteen feet. It contains four chairs, an operating table and a stove. The patients are ushered in one at a time and examined and prescribed for, and the case recorded after the form of the polyclinic of the Western Reserve Medical College. I give you a copy of yesterday's cases: Quartan ague, 4; syphilis, 3; gonorrhœa, 1; balanitis, 1; lymphangioma, 1; psoriasis, 1; entropion, 2; furunculus, 1; burn, 1; indigestion, 3; fistula in ano, 1; scrofula, 2; gun-shot wounds, 2; cellulitis, 1; toothache, 1 (extracted); anthrax, 1; phagedenic ulcer of foot, 1; leprosy, 2.

Those people who have floors in their houses use a fire beneath for heating the room, and sometimes the floor gets very hot or the fire bursts through and the result is a severe burn, and generally quite extensive. The natives sleep upon blankets, over the heated surface. Within the past year,

the parents are bringing large numbers of children to be vaccinated, as a safeguard from the constantly existing scourge of variola. In past years, the life of a child has not been considered until after it has survived an attack of small-pox. A short time ago a patient presented himself with a sarcomatous growth upon the shoulder; it was about seven inches in diameter each way. Its vascularity prevented its removal with the knife, so I used a daily application of chloride of zinc, constantly removing the bloodless parts until the clavicle was reached; the parts have healed and the patient has made a complete recovery. A very remarkable case of hermaphroditism came to my notice a few days ago. The patient was twelve years of age, intelligent, with a good appearance and a male voice; upon examination, I found a large vulva, with labia majora, and a penis between them. The penis was an inch and a half in length, regularly formed, except it had no meatus. It had a prepuce; below this was a vagina two inches in depth, and below the vagina and resting upon the perineum was found the urinary meatus; one testicle could be felt in each labia majora. The child and father were both eager for an operation, as the child was contemplating matrimony and was undecided which side to take. Another surgeon was called into consultation and we decided to desist until we discovered where the ejaculatory ducts opened and then proceed with an operation and endeavor to make a urethra through the penis and transform the urinary passage. The native doctors know very little about medicine. They use a tarry ointment, that causes a free exudation of pus; also sulphur for indigestion, and ginseng for all diseases. The best variety of ginseng is all claimed by the king, who disposes of it to the Chinese, who have great faith in its medicinal properties, and pay equal weight in gold for it. The best variety is the mountain ginseng and of seven years' growth. At one time it was the most profitable product of Corea, and the country became famous for its production; and any person caught in the act of smuggling it into China or out of Corea was punished by death. We have a school at the hospital conducted by a missionary teacher, who teaches the English language; the pupils take up the language very readily and a large number can speak, read and write it. We will soon be able to give the students a course in medical study, in which a large number are greatly interested. In Japan, the Tokyo Medical College has graduated some very able physicians, and I think the Coreans will be as efficient as the Japanese in the

medical profession, after they have had a reasonable amount of training. The anatomy is taught from charts, as subjects for dissection cannot, at present, be obtained, but we expect to be able to supply them as the study advances. At some future time I hope to be able to give you a more thorough description as the work goes on. Wishing you an abundance of success, and with regards to all, I am,

Yours Truly,

CHARLES W. POWER, M. D.

CINCINNATI CORRESPONDENCE.

A certain Cincinnati doctor recently received a package accompanied with a letter. The writer said they had long appreciated the doctor's efforts in their behalf, and hoped he would accept the accompanying testimonial of their regard for the good work in which he was engaged and the eminent success which crowned his efforts. The letter was from the Cincinnati Coffin Co., and the package enclosed a miniature coffin arranged as a paper-weight. The doctor says it is the only "case" of the kind he has ever received and considers it unique in many respects.

Dr. James T. Whittaker has been devoting much time to the subject of tuberculosis, and his writings on the subject, which are now going through the press, are awaited with impatience by many. In this essay the doctor will give an interesting history of the disease from ancient to modern times, and in his discussion arrives at the following conclusions:

That tubercle is a true zymotic disease of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, etc.

That, like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession.

That the tuberculous matter itself is (or includes) the specific morbid matter of the disease and constitutes the material by which, in phthisis, it is propagated from one to another and disseminated throughout society.

That the deposits of the matter are, therefore, of the nature of an eruption and bear the same relation to the disease, phthisis, as the fecal matter of typhoid fever.

That by the destruction of this matter on its issue from the body, by means of proper chemicals or otherwise, seconded by good sanitary conditions, there is reason to hope that we may eventually, and possibly at no distant time, rid ourselves entirely of this fatal scourge. E. S. M.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. IV. begins with November, 1888. Subscriptions can begin at any time.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

ALUMNI ASSOCIATION AND COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF THE WESTERN RESERVE UNIVERSITY.

THE Alumni Association of the Medical Department of Western Reserve University met in the amphitheatre of the college building, Thursday, March 6, at 2:30 P. M., and was called to order by the corresponding secretary, Dr. S. W. Kelley, who stated that the president, Dr. E. O. Portman of Canton, was not present. He moved that Dr. D. B. Smith be made president *pro tem*. The motion prevailed and Dr. Smith, on taking the chair, read a telegram from President Portman stating that he was detained at home by an acute attack of quinsy. Dr. Kelley was selected to act as recording secretary in the absence of Dr. W. T. Corlett, who is in Europe. The chairman stated that the first matter of business was the admission of the class of '89 to membership. This was done by motion, and then a committee to

nominate officers for the ensuing year was appointed by the chair, as follows: Dr. Knowlton of Brecksville; Dr. Carpenter of Cleveland; Dr. Shively of Kent; Dr. Moore of Willoughby, and Dr. Sissler of Clinton.

Dr. Kelley, the corresponding secretary, made the following report:

It seems to be the principal duty of the corresponding secretary to keep¹ track of our large membership, and keep it notified of the doings of the association, which duty has been annually most elaborately discussed. I find upon our list 2,407 names, including a death list of 86; and, notwithstanding that most industrious and painstaking efforts have been made for years past, only 966 of these names were provided with addresses, and many of these addresses were known to be and others supposed to be incorrect. In the hope of increasing the number of correct addresses and eliciting other information of value to the association, besides consulting directories and obtaining addresses of our members through private correspondence and chance means, I sent out the circulars, which you have all seen, requesting that addresses be sent in. The plan has accomplished somewhat.

Out of 966 circular-letters issued, 94 returned as uncalled for. Therefore those addresses were erased as incorrect. From those which doubtless reached the person addressed, responses were received to the number of 387. The remaining 690 did not respond, and these facts are noted appropriately upon the list.

Out of these responses we gather changed addresses to the number of 77, and entirely new addresses to the number of 241, thus making available 318 more of our membership. This does not include the death list for the past year.

I have here a letter dated at Washington, D. C., February 16, 1889, which reads as follows:

WASHINGTON, D. C., February 16, 1889.

My Dear Doctor:—I send enclosed, as requested, Dr. Patterson's and my own names, the only Alumni resident here of whom I know, and were it not for the inauguration

ceremonies on the fourth I should certainly attend your meeting.

Very truly yours,

D. W. BLISS.

As you all know, it was only four days after the date of this letter that Dr. Bliss received an apoplectic stroke from which he died upon the following day. Dr. Bliss was of the class of '49.

We recall also the death of Dr. Carl G. Weber, of the class of '87. Dr. J. A. Esch, honorary, of '84, died in April of 1888, and Dr. L. Firestone, class of '46, died in November of the same year. Drs. Albert Jaberg and A. P. Knowlton also died during the past year.

A letter from Vandalia, Illinois, reads thus :

VANDALIA, ILLINOIS, February 14, 1889.

Dear Sir:—The invitation to my father was received by my mother this morning. We thought that notice of our loss had been sent to the Alumni. My father, Dr. George W. Bassett, died February 10, 1886, of nervous prostration. He was a sincere friend to the Western Reserve University, and during his life was warm in its praise. Permit us to say, that an institution loved by our dear one is much respected by his widow and daughter, and believe us,

Very truly,

MRS. ELLEN BASSETT,
MAGGIE BASSETT.

Dr. Bassett received the degree in 1880.

GRAND RAPIDS, February 24, 1889.

Dear Sir:—An invitation came, directed to my late husband, Dr. Charles L. Handerson, to attend the annual meeting of the Alumni Association of the Medical Department of Western Reserve University. I have the sad news to communicate to you of his death, which took place five years since. He may be with you in spirit ; he loved his dear old home, and spoke shortly before his death of visiting there.

With very much respect,

110 Washington st.

ADELAIDE M. HANDERSON.

Dr. Handerson graduated in 1846.

Altogether we record 5 deaths (I presume there are more) which occurred during the past year, and mark upon our list 11 deaths beside, which we had not heard of before.

Some curious things are observable in the communications received. For instance, in a certain town of a few thousand inhabitants, we have two Alumni in practice. In response to the circular, each of these men sent his own address but entirely ignored the whereabouts of his neighbor. Is it not time that fraternal interest was revived in that neighborhood?

In the next reply is exhibited an element that materially neutralizes the acidity of the foregoing. After giving a list of ten or a dozen names of professional brethren, together with their addresses and their date of graduation, the doctor appends a note, as follows:

Will you please let me know if you have the present address of all members of class of '84? We think of trying to effect a class organization to meet in Cleveland, Ohio.

S. D. STURGEON, M. D.

Darlington, Pennsylvania, February 25, 1889.

I shall be pleased to furnish for so laudable a purpose, to this or any other gentleman, the addresses of his classmates so far as we have them.

Another noticeable point is that the younger sons seem inclined for awhile to cut loose from mother's apron strings, but after fewer or more years pass, their thoughts turn fondly homeward.

LEWISBURG, GREENBRIER CO., W. VA., Feb. 20, 1889.

Dear Sir:—It would afford me great pleasure, indeed, to accept your invitation to attend the coming commencement of my old Alma Mater and to meet and form the acquaintance of some, at least, of the Alumni. It has been, or will be, thirty-three years on the last day of this month since I graduated there and have never seen the old college since.

I often think of the old days and of the grand old men, such as Professor Kirtland and old Professor Delamater, St. John and others, who filled the chairs with so much honor. I often wonder, too, what has become of all my old classmates, not one of whom I know anything of. Since the war I have lost sight of every one. If there is one among the Alumni in attendance on the commencement I would be very much gratified to hear from him, as it will be impossible for me to attend at this time, although I promise myself

this pleasure at some future time. With best wishes for the prosperity of the college and a happy reunion of its Alumni,
I am yours truly,

C. N. AUSTIN, M. D.

And here is another :

I should love dearly to attend. At present I am lame from a slip-down. I graduated the first year of the college. Am nearly or quite the oldest, as I practiced three years before graduating. Am in my 75th year; forty-five years in this place.

J. W. FALLEY.

Hillsdale, Michigan.

But here is one older still :

HAMILTON, LEO P. O., INDIANA.

Dear Doctor :—I belonged to the class of 1838–9 of the Willoughby University. Yours truly,

E. G. WHELOCK.

And here still another old-timer :

PONTIAC, MICHIGAN, February 14, 1889.

Dear Doctor :—Your notice of the meeting of Alumni Association just received. It is very doubtful of my being able to attend, owing to chronic artict. rheumatism, from which I have been disabled about sixteen months. In regard to the Alumni known to me forty years ago, many have passed from mind and some beyond. I have ever held in esteem all of the old professors and am proud of the present success of the Medical Department of Western Reserve University and ever feel a deep interest in it. May you have a grand, good gathering. Yours with respect,

W. G. ELLIOTT.

Next comes a letter from a doubtless venerable and lovable old gentleman, who has postponed almost too long his interest in college matters and fallen a trifle behind the times in the progress of events:

WATERLOO, IOWA, February 19, 1889.

Dear Doctor :—Have delayed my reply to your kindness hoping to learn of some graduates in this section from your college.

Many thanks for your cordial invitation to attend your annual gathering.

For various reasons I would consider myself highly favored to attend your commencement and meet some of my old classmates and join in your festive scenes when "soul with

soul entwines and mingles deep and warm." But *time* has made his mark upon me and admonishes me to keep near shore as life wears away.

Twenty-fourth of next May will be 73 years old. It does not seem possible that forty-five years have passed and gone since I was a student in your classic halls. Are Professors Lang Cassel and Kirtland still living? I think the rest of my instructors have gone to the spirit land.

Please accept return stamp. I always keep money in bank to meet such emergencies.

Will be glad to receive a copy of your proceedings. Wishing the institution prosperity and success, I am, dear doctor,
Sincerely yours,

S. B. CARPENDER,
926 corner Eighth and Commercial sts.

Class of '44.

Here is another of our elder brothers who grows talkative and falls into reminiscences :

MARTINSVILLE, INDIANA, February 23, 1889.

Dear Doctor :—On referring to my diploma I find by accidental coincidence it was issued the same date of this letter forty-one years ago. Forty-two years ago last August I presented a letter of introduction to Professor Ackley. I found him at the college, his only companion a wild cat that had the freedom of the building. A German had leased the ground next college building on which to erect a beer saloon ; the timbers were on the ground. He remarked to me that he wished the d—d stuff was in the lake. The next night the students in the city put the timbers in the lake, and the saloon was not built. The happening pleased the doctor greatly, and he furthered my interests every way he could while I remained in Cleveland and afterwards. I never saw a more expert operator. I last saw him in 1851, on my way to New York to spend the winter. I had to spend a great part of the night with him in social diversion. He was great in his profession, sometimes erratic. Like Burns,

"He sadly needed God's compassion :
Some need it mair."

He was my friend, I loved him, and I cherish his memory.

"He was but man, man born o' woman,
Had he been mair, he'd na been human ;
An' till we see his like again,
We'll drap but flow'rs and cast nae stane!"

I see in my mind's eye the old faculty : the venerable

Kirtland and the terribly homely Jacob Delamater—so homely I could not imagine how any woman could live with him. The senior Delamater was a grand man, a good man. I recall the pleasant countenance of Cassels; St. John was an easy, smooth and highly interesting lecturer. I can recall the phiz of my classmates, but few by name. I remember how Thayer's hair stood and Firestone's ponderosity. You requested an answer to a plain question, and I suppose the garrulosity of age induced this scribbling. I hope some day to see my Alma Mater in her new dress. Dr. Bliss, born in the same year with me, graduated the year I commenced my first course. By addressing Dr. Hoffman you may get more information as to Alumni. Yours fraternally,

BENJ. D. BLACKSTONE.

I have here a letter from one not back in the past out of everybody's recollection:

OFFICE OF DR. ROBERT SELDEN,
CATSKILL, N. Y., February 23, 1889.

S. W. KELLEY, M. D., Secretary.

Dear Doctor:—I am in receipt of notice of invitation to the coming meeting of our Alumni association. Enclosed please find the blank sent, with such names as I can call to mind. Each year on the receipt of the notice of meeting I resolve to go next year, and each year it seems further off, why, I need not explain, as all "know too well the story of our thralldom." Remember me with affectionate regards to the faculty and "the boys," whom I will some day surely take by the hand. Sincerely and fraternally,

ROBERT SELDEN.

Class of '69.

Not all the younger sons have even temporarily forgotten Alma Mater; a number of the graduates of recent years have sent promises to attend, or regrets, with good wishes. I will present one from nearer home:

'SPRING CREEK, WARREN COUNTY,
PENNSYLVANIA, February 26, 1889.

Dear Doctor:—Your circular reached me yesterday. I only know of two of our boys; their names and address I will send. I would be glad to be there, but don't expect to. I am doing pretty well; have about all I can do, but the

people are slow about paying the doctor. I have had good success though, and some very interesting cases.

Yours,

H. E. WHITSEY.

So it seems that there is something to worry about from the time a man begins the study of medicine: First, whether he'll get the diploma; then, whether he'll get any business, and ever after that whether he'll get his pay. On account of the second or third of these sources of worriment perhaps, or some other cause, a number of our Alumni have quit the practice and gone into other pursuits.

One of the class of '65 and two of the class of '78 have recently sent word that they are not practicing medicine, but do not state what calling they have honored.

M. W. Page, class of '86, is superintending the Public schools at Stanton, Nebraska, and here comes an epistle from John B. Donaldson:

HOUSE OF REPRESENTATIVES,
HARRISBURGH, PA., February 26, 1889. }

S. W. KELLEY, M. D., Cleveland, Ohio:

Dear Doctor:—I am in receipt of an invitation to attend the meeting of the Alumni Association of Western Reserve Medical College, and only my duties as a member of the House here prevent. Best wishes for a successful meeting.

Very cordially yours,

Class of '72.

JNO. B. DONALDSON.

Many of our number, well known to you, have distinguished themselves in civil services, and others have risen to the highest rank in professional and scientific lines, both in time of war and in time of peace.

Another matter of interest, which appears by studying our list, is, as to where our Alumni are located, by states.

As might be supposed, we are most numerous in Ohio—numbering 575 in this state; next comes Pennsylvania with 166; then Indiana, 36; Illinois, 26; California, 21, and so on with smaller numbers. We are represented in every state and territory of the Union, with the exception of eleven, besides having members practicing in Canada, in Wales, in Corea and in China, not to mention those sojourning temporarily in foreign countries.

Dr. Haydn, president of the University, was introduced and complimented the faculty of the medical department, and said that he hoped to see some of the chairs endowed, and that he would labor for that purpose.

Dr. A. M. Sherman of Kent reported in behalf of the committee appointed to consider the erection of a monument to Dr. John Delamater and Dr. Horace A. Ackley, deceased. It had been decided, he said, to address a circular letter to each Alumnus, asking him to contribute two dollars for a monument fund. Some responses had been received, but not enough money had been raised to do more than prepare a design for the memorial. The report concluded with a resolution authorizing the committee to obtain donations from sources outside of the association. The cost of the monument, according to the design, will be about seven hundred dollars. The report of the committee was received and the committee continued.

Dr. Knowlton, of the committee on nominations, presented the following report: President, Dr. J. M. Lathrop of Dover; vice-presidents, Dr. W. W. Holliday of Newburgh, Dr. S. P. Wise of Millersburg, Dr. T. M. Sabin of Warren, Dr. N. Weidenthal of Cleveland, and Dr. Robert Clarke of Warren, Pennsylvania; recording secretary, Dr. John P. Sawyer of Cleveland; corresponding secretary, Dr. S. W. Kelley of Cleveland. The report was adopted without dissent. On motion of Dr. G. C. Ashmun it was decided to elect an orator for the next meeting, and Dr. Harmon was chosen. Dr. E. Griswold of Sharon, Pennsylvania, was elected an honorary member of the association and then was elected as alternate orator.

Dr. H. H. Powell, of the committee appointed to raise funds to equip the chemical laboratory, said that about three hundred dollars had been secured, but much more was needed. The physiological laboratory was as near perfect as money could make it, because a gentleman of the city had given the faculty the privilege of calling upon him for assistance to an unlimited extent. Now the faculty are

waiting for some wealthy gentlemen to make a similar offer to assist the chemical department.

Dr. W. J. Scott was introduced. The doctor feelingly referred to the many years of his connection with the college. He presented some of the claims of the institution, which he described as a magnificent one, provided the necessary funds are forthcoming. The doctor said that the college should have plenty of anatomical subjects without digging for them in the winter in country grave-yards and getting the college into trouble by bringing in corpses of people who have died of small-pox. He referred to his department, which he regarded as the department *par excellence* and should come ahead of all others, and notwithstanding that fact, he has not asked for contributions from wealthy men for his own, but did ask for funds for other departments. The doctor also said :

" We have the place for the departments, but we need the equipments, and it is the duty of the community to see that it is properly equipped. As soon as we convince our citizens that it is for the good of the community, they will come forward and support it as it ought to be supported. Medical institutions must take a stand for a higher education, and those who do not must go to the wall, and why should they not ? We have a clinic connected with the institution, and by attending the clinic the student can have all the opportunities he asks for to examine patients. Shall we take an advanced step ? You all know that we diminish our numbers by putting up the standard in our college. I have been told that students will be lost by such a course. I will say, Let them go. Can we afford to do that ? It depends on you, the medical profession, as much as it does on the medical college. The three years' course will diminish the number of students ; but we'll have better men. When I studied medicine in a building which stood precisely on this spot, the whole course was sixteen weeks, and that was so all over the country. From time to time the colleges have advanced in increasing the length of time. Plenty of men in this country keep up with the times by reading and studying, and in that way the profession in this country has advanced to where it is. There isn't a nation on earth able to take the position we do as medical men, and we treat the diseases in this country as well as they are treated anywhere, I don't care where

you go." The doctor in closing referred feelingly to the few years still left for him to meet the boys every year.

Dr. H. J. Herrick was next called upon, and said :

"The noble, philanthropic profession of medicine is entitled to consideration as one of the learned professions. We have, and should have, a common interest and a spirit of fellowship ; that spirit of fellowship should be ardent and constant as our aims are high. As the standard is raised our professional pride is increased and the bond of fellowship is strengthened. In the school of medicine principles should be learned. The mind should be able to grasp the principle. With the principle fixed in the mind and with a well-balanced, disciplined mind, we have the conditions in the highest degree for the art of medicine. In other arts there is no such thing as quackery. Medical teaching is often encumbered by meaningless and indefinable terms, which are used freely, but not with the light of wisdom. The Alumni Association should feel that it has certain well-grounded and definite interests in this as in all other medical schools. A college is not made of brick and mortar, but it becomes a college only when illumined and vivified by living thought. Neither is the college to be regarded as owned by and for the benefit of the faculty. Its mission is as the fountain-head of a noble fraternity, a fraternity with a heart to serve humanity in the relief of sickness, suffering and the prevention of premature death. In this we have the inspiration of a most noble fellowship, and for this end the whole high-minded profession must strive."

THE COMMENCEMENT

was held in the large amphitheater of the college building. President Hayden opened the exercises with prayer, and Professor G. C. E. Weber introduced Rev. Dr. S. P. Sprecher, who outlined the work of the Western Reserve University, and in the course of his address said :

"I am glad to notice that there is a movement on foot to institute a law college in connection with the university. This is a good move and I would be glad to see a college of theology also. This enlargement of the university reminds us that we are all bound in the common aim of disseminating the truth. Of all professional men the physician ought to consider his position as devoted to the good of others. One thing I would have you remember, and that is, to succeed

eminently in any business you must fall in love absolutely with your profession. Something or other must supply this to everyone.

"Education is not an accumulation of facts with which to stuff a man. The principal object of the school is to inspire the man with the love of scholarship. And when a man has that he will soon educate himself. One thing is certain, you must get above the idea of having espoused your profession for making money. None of you will succeed eminently unless he becomes to love the truths of his professions. The people who succeed in these things are the men who would give all the gold in creation to make one discovery that would benefit mankind. These are the men who achieve.

"Loyalty to the truth in medicine and physiology has come to be about the most important thing in the world. It is a fact that the fundamental truths of religion are to be investigated by the physiology of the human frame. I say, therefore, that loyalty to the truth in these departments of science is the most important thing in the world, as they concern religion. No one profession possesses all the truth; we must combine our efforts, investigations and conclusions to arrive at the great desideratum, truth—truth to be used for the blessedness of mankind. I leave you with just this thought—we are like little schoolboys picking up the pebbles on the sea-shore, while the oceans of space lie before us."

Professor Weber then addressed the graduating class for the faculty.

"This class," said he, "is the first class to graduate under the three years' course, and I believe that the graduates will bear me witness when I say that the result has been satisfactory. The faculty is happy to state that this step, which was taken with fear, makes the institution one of the foremost in the country.

"I can say that the standing of this class has been much higher than that of any class in former years. In conclusion I say: 'Cultivate a harmonious spirit with the brethren of your profession.'"

In his address Professor Weber referred to the sad death of Russell M. Little, one of the class, who died January 3. The class sometime before his death presented him with a very fine microscope, which is now in the laboratory of the college. Dr. Weber presented Percival Ranney Bolton with

a book on operative surgery for handing in the best examination papers.

The class was turned over to President Hayden, who, with a few words, conferred degrees upon the following graduates :

THE GRADUATING CLASS.

Daniel B. Aldrich, Charles Leland Allen, Chase P. Ambler, Myron Asher Bailey, George Upton Bennett, Percival Ranney Bolton, Earnest Lemuel Bourn, Frank P. Brunthaver, John W. Coffin, George Franklin Cole, Arthur J. Daykin, Charles Walter Driesbach, John W. Elliott, A. B.; Adolph Friedman, John Mingo Friend, Fred Hugh Goddard, B. S.; Isaac Errett Graham, William H. Hoge, John Edward Hunter, Eugene G. Husted, William Humphrey Johnston, B. S.; Edward John Kehres, Sylvester M. Linn, Fremont Makensie Marshall, Andrew Wallace Mason, Harvey R. McCurdy, Walter E. Mowen, John Jamison Orton, Anton F. Pay, Frank Adrian Payne, Percival Todd Phillips, William F. Sandmeister, A. B.; N. Stone Scott, George Augustus Saunders, Frank A. Stovering, John Patterson Symons, Joseph Masury Thayer, George Dwight Upson, Thomas W. Walker, Eli Harvey Westfall, Albert John Weston, Ernest L. Wickersham, Moses Theodore Zellers.

Frank Adrian Payne delivered the valedictory.

The faculty tendered the graduating class, the Alumni and their friends a banquet at the Hollenden after the commencement, and two hundred and fifty guests sat down to the tables. Dr. H. K. Cushing acted as toast-master, and introduced in turn Drs. Julian Harmon of Warren, Ohio, W. J. Scott, J. H. Lowman and John P. Sawyer of Cleveland, who responded to the toasts.

NEW BOOKS.

'INTERNATIONAL POCKET MEDICAL FORMULARY.' By C. Sumner Witherstine, M. S., M. D. F. A. Davis, Philadelphia. Price \$2.00.

The chief objection to formularies is their tendency to stifle the spirit of original inquiry on the part of the practitioner, and take the place of that which personal practice and experience alone can properly give. That a demand for such books exists, is attested by the fact that they are constantly appearing. It is safe to say, however, that the Formulary under review is in all respects the best that has yet been published. The prescriptions, with but few exceptions, are modern and quite appropriate for the diseases in which they are recommended. The latter part of the book contains practical information on the method of conducting post-mortem examinations, an article on the ligation of arteries (illustrated), a posological table, list of incompatibles and much other knowledge which is indispensable to the general practitioner. A feature of decided value is the ready reference thumb-letter index.

I. C. C.

'THE PATHOLOGY AND TREATMENT OF DISPLACEMENTS OF THE UTERUS.' By Dr. B. S. Schultze, Professor of Gynæcology, director of the Lying-in institution, and of the gynæcological clinic in Jena. Translated from the German by Jameson J. Macan, M. A., M. R. C. S., England, and edited by Arthur V. Macan, M. Ch., etc., master of the Rotunda hospital, Dublin. With 120 illustrations. New York: D. Appleton & Co., 1888. 378 pages.

This book, while it will of course attract the attention of those laboring exclusively in gynæcology who have not read it in the German, is of more value than most gynæcological works to the general practitioner. The great majority of displacements are not necessarily referred to the specialist or operative surgeon for formidable operative treatment in hospital or clinic, but can be successfully treated by the family physician at his office or the patient's home. Although Dr. Schultze's views did not all meet with general acceptance when first promulgated, they have been more and more conceded as the discussions which they provoked have brought out the truth. His presentation of the subject is very systematic and thorough.

'HAND-BOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS.' Compiled for the use of students preparing for examination, by Cuthbert Bowen, M. D., B. A., editor of 'Notes on Practice.' F. A. Davis, Philadelphia and London, 1888. 366 pages. Price \$1.40 net.

We have often heard medical students wishing for some book giving the necessary knowledge on these important and difficult branches, without what one called "so much dog poisoning and long-winded scientific incomprehensibility" of the large modern text-books. To such we shall hereafter recommend this manual. As the old-fashioned didactic lecture system in our medical colleges is supplanted by recitations and quizzes, this style of book in the form of question and answer is destined to grow in demand, and many of the bulky and unpalatable text-books and treatises will find themselves boiled down into this concentrated and convenient form for easy administration. It is like the difference between the infusion and the alkaloid.

NOTES AND COMMENTS.

Dr. Wm. P. Shoemaker of Bradford, Pennsylvania, died January 28.

A German edition has just been published in Berlin of *Dr. St. John Roosa's 'Treatise on the Ear.'*

Dr. Frank P. Foster, editor of the *New York Medical Journal*, is convalescing from his recent severe and critical illness.

Dr. William T. Corlett, lecturer on dermatology in the Medical Department of the Western Reserve University, has gone to Europe. He expects to return about June 1.

James G. Blaine suggests that our government buy the Island of Cuba and put it in a sanitary condition as a preventive for yellow fever.

Another Death from Chloroform in a Dentist's Chair.—A young lady of Norwalk, Ohio, recently died in a dentist's chair from chloroform, preparatory to having teeth extracted.

* *The Ohio State Medical Society* will hold their next annual meeting at Youngstown. First session will be held at two o'clock P. M., May 22. This ought to be one of the best meetings in the history of the society.

A fatal case of cocaine poisoning recently occurred at the University College Hospital, England. A solution of twenty grains of cocaine in an ounce of water, intended to be used for washing out the bladder, was administered by mistake internally. Death took place in about one hour.

In our last number we announced the resignation of Professor W. J. Scott of the chair of clinical medicine in the Medical Department of Western Reserve University, but we are pleased to learn that the faculty have induced him to reconsider his resignation and continue his connection with the school. It is rumored that Dr. J. H. Lowman will be called upon to share the labors of this chair.

The first triennial prize of two hundred and fifty dollars, under the deed of trust of Mrs. Wm. F. Jenks, has been awarded by the Prize Committee of the College of Physicians of Philadelphia, to John Strahan, M. D., M. Ch., M. A. O. (Royal University, Ireland), 247 North Queen street, Belfast, Ireland, for the best essay on "The Diagnosis and Treatment of Extra-Uterine Pregnancy."

Mrs. Veneering—"Really, my dear doctor, you must come to my ball. It is Lucy's coming out affair, you know, and I shall take no refusal; none at all."

Doctor Bygfee—"Well, you see, my dear madam, I am a very busy man. My time is not my own."

Mrs. Veneering—"Say no more. Include the visit in your bill. There, I shall expect you. Good-bye."

The Doctor Who Succeeded.—A physician who understands human nature, who plays with the baby, makes friends with the children and listens to the woes of the good wife and mother, is the fellow to whom the master of the house most cheerfully pays the largest bills. It isn't the medicine that's bottled up, but it's the comfort, the consolation that are unbottled that mark the broad line between an unsuccessful and a popular physician.—*New York Press*.

Badly Punished.—A polyclinic has lately been organized at Cincinnati, and although the institution is no stronger than a Reed, yet it has a Thrasher as well as a Hall, and it has a Longstreet besides. There is a Rover in it, but as they

also have a Taylor, they will doubtless stick, because they have the Ricketts. A Neff has not been said to Kemper it with others of the kind, but that will be evident as soon as things get to Boylan. The new organization has our best wishes for success.—*Medical Bulletin*.

Donders on Pre-Professional Education.—The great physiologist and ophthalmic surgeon, in reviewing his educational career, dwelt with gratitude on the classical studies he pursued under clerical auspices at Boxmeer. Certain it is that to that discipline he owed his skill in the use of language, and his love for the elevated and refined in expression, which never failed him in after life. Donders began his professional education without being initiated in what Goethe called "real studies," and has never regretted it.—*London Lancet*.

The Montreal Medical Journal comes out in strong opposition to the course of instruction in the Canadian medical schools. The requirements of the board of examiners necessitate so much didactic work that the student has no time for laboratory or clinical study. Of the twelve medical schools in Canada, only one or two can claim to be thoroughly equipped, and the usefulness of these is greatly curtailed by the students being compelled to spend so much time in listening to didactic lectures.—*Philadelphia Medical Times*.

We Do Our Own Singing.—At the suggestion of a mutual friend, we wrote to a certain physician in Texas who had made some reputation as a medical writer, soliciting an occasional contribution to the clinical department of the journal. The doctor quite misunderstood us; and having a good opinion of his powers, suggested that he might be induced—for a consideration—to write the *editorials* for us if we wished it!!! We told him a little anecdote, by way of reply, as was the custom of the "late lamented" Abraham Lincoln, as follows: "Once upon a time the choir of a certain village church was practicing over night for services Sunday; a lean specimen of the genus 'tramp,' with a thin, piping voice, poked his head in at the window, and in a shrill key asked: 'Do you want to hire anybody to sing bass at this church?' The basso, with a voice like distant thunder, rolled his eyes up at him, and in a tone that shook the rafters, said: 'Go—to—hell—Dod—dang—you—I—sing—bass—myself.'" That's all we said.—*Daniel's Texas Medical Journal*.

READING NOTICES.

At this time when there is such a disposition for physicians to prescribe their own medicines, the Upjohn Pill and Granule Co. supply a long-felt want in furnishing directly to the profession their ideal-coated pills, which are practically encapsuled powders. The more popular formulæ usually prescribed in pill form by physicians being made into pills without excipient, and that only a coating sufficient to cover the taste. Their special offer to physicians of an elegant pocket case, containing twelve bottles filled with granules, for \$2.25, sent, postage prepaid, by mail, is one which every physician, who has not already done so, should accept. Please mention the MEDICAL GAZETTE and address Upjohn Pill and Granule Co., Kalamazoo, Michigan.

Some Valuable Contributions to the Literature of Digestive Ferments.—Notwithstanding the importance and large consumption of the digestive ferments, the scientific literature relating to the character, action and application of these agents has hitherto been very meagre.

The use of pepsin has been extended to local application in diphtheria, membranous croup and in surgery where the digestion of a false membrane or abnormal tissue growth is desired, and this agent is likely to play an important rôle in the future in the therapeutics of these diseases as well as in indigestion.

Those of our readers who desire to inform themselves of the latest discovered facts regarding improvements in pepsin, its incompatibilities, best methods of administration and how to test it, should correspond with the manufacturers whose recent investigations have led to the production of the highest quality of pepsin yet produced—Messrs. Parke, Davis & Co.,—who announce that they will send literature on digestive ferments and sample of their pepsinum purum in lamellis to physicians free on request.

Removal.—Cleveland, Ohio, March 18, 1889.—On or about April 1, I shall remove my stock and factory to my new store, No. 57 and 59 Euclid avenue (about 300 yards east of my present location, between the Public square and the new Arcade building).

This removal has been made necessary by your increased

and highly appreciated patronage, and in the hope and belief that you will continue your esteemed favors.

My facilities will be greatly increased—and room nearly four times as large. The fitting and making of trusses, orthopædic apparatus and artificial limbs will be, as heretofore, a specialty—assisted by a lady attendant. My present large stock of surgical instruments will be greatly augmented in keeping with the size of my store and growing business, making the largest strictly surgical instrument depot in the United States.

Thanking you most sincerely for past favors, and soliciting a continuance of the same, and hoping to receive a personal call and inspection of my new quarters, I am,

Very truly your obedient servant,

E. M. HESSLER.

NOTE.—During the confusion of moving and fitting up, I trust you will excuse any delay or errors that may occur in filling orders.

In writing, if you do not recall the street and number, address me simply "Cleveland, Ohio."

Crystalline Phosphate is so different from the ordinary preparations of its class that we believe it ought to receive the careful consideration of the profession. Those who have tested its merits speak of it in the highest terms. See advertisement on last inside cover page.

Platt's Chlorides. Everybody has used this most excellent odorless, colorless, economical liquid disinfectant, and knows its virtues. At this time, when so many new preparations are being brought to the attention of the profession, it is well to be occasionally reminded of the old ones which have proved their efficiency by the test of time.

—THE—
Cleveland Medical Gazette.

VOL. IV.

APRIL, 1889.

No. 6.

ORIGINAL ARTICLES.

MECHANISM AND NATURE OF FEVER.

ADDRESS OF THE RETIRING PRESIDENT OF THE NORTHEASTERN
OHIO UNION MEDICAL ASSOCIATION, AKRON, O.,
FEBRUARY 12, 1889.

BY B. B. LOUGHEAD, M. D., RAVENNA, O.

MR. PRESIDENT:—It has been the custom for the retiring president to present an address to the association upon some scientific subject. This custom has given us in past years some of our most valuable papers, and not wishing to be responsible for a change in a regulation that has brought about such happy results, it seems appropriate in leaving this office that I should present for your consideration some subject which has been prominently before the profession during the past year. I therefore invite your attention, for a short time, to a consideration of the mechanism and nature of fever and the pathological conditions arising from continued high temperature.

The old idea, that where fever exists there is a local lesion, and that the extent of the lesion was indicated by the height

of the mercury in the thermometer, was shown to be a false theory a generation ago, for it was found that in some cases grave lesions existed with no equivalent rise of temperature, and that high temperature was often found which was evanescent in character and was not by any means indicative of extensive lesions. Various theories accounting for fever temperatures have been promulgated from time to time, have lived their little day, and have been rejected. True, there are still many problems to be solved regarding the nature of pyrexia, but much light has been thrown upon the subject of temperature by recent investigations. Any valuable theory regarding fever temperature must be based upon known facts regarding normal temperature; that is, to correctly interpret the phenomenon—abnormal heat—the physiology of normal animal heat must be understood.

Animal heat is produced by chemical change. Foster says: "Wherever metabolism of protoplasm is going on, heat is being set free." And again: * "The whole cycle of changes, from the lifeless pabulum through the living tissue back to the lifeless products of vital action, is eminently a source of heat."

Heat, therefore, may be regarded as one of the products of tissue change, arising from the constructive and destructive metamorphoses constantly taking place in all parts of the body. All tissues of the body are subject to these changes, but some much more than others. The muscles and glands form by far the largest part of the body, in which metabolism is actively going forward, and they constitute preëminently the heat-producing organs of the body. That these chemical changes are directly under the control of the nervous system, has been shown by many physiologists. Bernard and others have shown that oxidation and formation of carbonic acid, that is, that metabolism is very greatly diminished in a muscle from which the nervous supply has been cut off. It might be supposed from this that heat production is dependent upon motor influences, but Mosso has shown that when the motor nerves are paralyzed by curare

* Foster, p. 601.

the internal temperature of the body may remain at normal ; and that when, in this condition, strychnia is administered to the animal, the temperature rises, although no muscular spasms take place. On the other hand, the thermogenic property of the nerves may be so paralyzed that even contraction of muscles under stimulation causes but little production of heat. If these experiments are of any value, they indicate not only that nerve energy, resulting in the production of heat, is independent of motor nerve energy, but they suggest the possibility of an independent heat-producing set of nerves, which can, and do, produce chemical changes within the muscle that are not identical with those chemical changes which produce motion. Thus far, gentlemen, and by such means as I have indicated, has light been thrown upon this most mysterious and important question of heat production, and this is substantially the teaching to-day regarding the mechanism of heat production as a physiological action.

The sources by which heat is lost from the body are four in number, viz., the skin, lungs, urine and fæces. The large part of heat dissipation takes place through the skin and lungs, and they are eminently the heat-dissipating organs of the body. It requires no elaborate experiments to show that heat dissipation is dependent upon nerve action. The dry, cold skin of a chill indicates that heat loss is at its minimum, while a warm, moist skin indicates a rapid loss of heat. Claud Bernard demonstrated long ago the dependence of these conditions upon the contraction and dilatation of the capillaries, and that these changes in the walls of the capillaries are dependent upon nerve energy. It is shown, then, that heat production and heat dissipation are the direct results of nerve force. But in the mechanism of animal heat there is still one other factor, viz., that force which maintains in health an even temperature of the body even when exposed to abrupt changes of external temperature. It is marvelous that the internal temperature of the body should remain practically unchanged in times of rapid changes from violent action to rest, and in sudden changes from an extreme

cold to a very warm medium. Taking into consideration, also, that in fever temperatures this equilibrium between heat production and heat dissipation is to a large degree lost; that the rapid withdrawal of heat from the body by applications of external cold reduces the temperature of the body to a much greater degree than would follow such applications in health, and it seems reasonable to conclude that there is a third function of the nervous system in the mechanism of animal heat—a heat-regulating power, which maintains a stable temperature in health, but whose influence is lost or impaired in fever.

The limits of this paper do not justify me in describing step by step the investigations which have led to the conclusions which I have given above, concerning the physiology of animal heat, but it seemed necessary to premise thus much in order to intelligently discuss the nature of fever temperatures.

It has been the belief of physicians of all ages that there is more heat produced in fever than in health. This belief is made plausible by the fact that more oxygen is consumed in the hurried respiration of fever than in the slow respiration of health; and by the further fact that more carbonic acid is excreted in fever than in health. But the consumption of oxygen is not a true measure of combustion, for the supply may be in excess of the demand. It is also well known that not all of the oxygen consumed in health results in the formation of carbonic acid. Probably some of the oxidations result in the formation of water, which is also an excretion of the body, as has been shown by Professor Flint. Hence the measure of carbonic acid discharged is not a measure of the oxidations within the body. It has been shown by experiments, which I will not take time to repeat, that there is more heat produced on a liberal diet and active exercise in health than on the restricted diet and usual environments of fever. But it is undoubtedly true that under similar regimen and surroundings in health and fever, heat production is greater in fever than in health. In regard to heat dissipation in fever as compared to heat dissipation in

health, there can be no doubt that heat loss is very much less than heat production in cases of rapid rise of temperature. This does not prove that heat production is greatly in excess of normal, even during a rise of temperature, but may equally as well show that heat loss is below normal. This is very well illustrated by the rise of temperature during a chill, and we are often able to determine that a chill has taken place by finding a sudden and otherwise unaccounted for rise of temperature in a patient. So also in the defervescence of fever, the skin is moist and warm and heat loss at its maximum, without perhaps any special change in heat production. The degree of temperature, therefore, registered by our thermometers does not indicate the rapidity of the destruction of tissue by oxidation and the consequent impairment and waste of the vital forces of our patient, nor does it give us the degree of heat that is being eliminated from the body, but simply indicates the disturbance of equilibrium that is being produced by the fever-producing agent. The condition of fever does not necessarily indicate a great waste of tissue by oxidation in itself, but the amount of oxidizable food, viz., the hydrocarbons consumed during fever being very much less than in health, there results a consumption of the oxidizable materials stored up within the body, and hence a marked body waste during a long run of any one of the so-called essential fevers. The condition known as fever then is a condition of unstable temperature, and, to use the terms employed by Foster, the fever-producing or thermogenic agent expends its force upon the heat-regulating or thermolytic apparatus in the mechanism of normal and abnormal temperatures.

Allow me at this point, gentlemen, to recapitulate, bringing before you in single statement the facts which I have endeavored to establish:

1. That heat production in health and disease is the result of chemical action and that this chemical action is due to nervous energy.
2. That heat loss is due to the action of the vaso-motor system of nerves acting upon the walls of the capillaries.

3. That an equilibrium is maintained between these two forces which results in a stable temperature in health, and that the maintenance of this stability of temperature is a manifestation of nerve energy.

4. That the pyrogenic or fever-producing agent paralyzes or inhibits the regulating or thermolytic apparatus, thus bringing about an unstable temperature.

If the foregoing teaching of physiologists is correct it seems to me that there can be but one conclusion regarding temperature, and that is, that abnormal temperature, either above or below the normal, is due to innervation. It has long been believed that the nervous system had a controlling influence in fever. This belief has been strengthened from time to time by conclusions arrived at from clinical observations and experiments. It has been found that fracture of the cervical vertebræ with injury to the spinal cord was followed in some cases within a very short time by a rise of temperature even as high as 111 degrees Fahr. and in other instances of similar injury the temperature would fall far below the normal. Section of the cervical part of the spinal cord in animals is always found to produce a fall of temperature and a great decrease in oxidation.

Irritation of certain portions of the brain is always followed by a rise of temperature; this is especially true of the candate nucleus, while similar irritation of other portions of the brain gives negative results. These experiments and observations indicate that fever is essentially of nervous origin, and that the thermogenic agent acts directly upon the nervous system.

I now turn to the second division of my subject, viz., the pathological changes due to pyrexia.

High temperature has always been considered dangerous to human life. This feeling of danger in the presence of high temperature has impressed itself so strongly upon the profession that the laity have not been slow to seize upon it, and they watch with extreme anxiety the readings of the thermometer, considering the patient better or worse as the temperature may chance to be relatively higher or lower.

To the extent which the temperature indicates the violence of the disease this apprehension is justifiable, but if the fear is due to the idea that the pyrexia itself is inimical to life, unless far above the ordinary fever temperature, it is not justified.

Ever since the introduction of the clinical thermometer antipyretics have been sought and have generally been found by the profession. An enumeration of the various agents that have had ascribed to them antipyretic powers in the last twenty-five years would be to enumerate a large portion of the drugs in common use. Many of them have had attached to them the most fanciful theories to explain their *modus operandi*, while other agents, like the application of external cold, have had a rational reason for their claims. It becomes very desirable, then, in view of this fear of the effect of high temperature, and the recent additions to our armament of a number of agents which are said to control temperature, to settle fully the effects of pyrexia upon the organs of the body, and to determine whether these effects are inimical to life.

There are certain difficulties encountered in attempting to establish the exact changes which are brought about in the body, due solely to fever heat. The fact that certain degenerations are always found in post-mortems, upon the bodies of fever patients, is not conclusive evidence that the structural changes are produced in the organs by the pyrexia to which they have been exposed. The infection which produces fever may readily be supposed to produce profound changes in nutrition, and it is possible that the degenerations are the product of two or more factors, no one of which acting alone would cause such changes. It is well known that extensive fatty degenerations are found in the heart, liver and kidneys of fever patients, and it has been supposed that this changed nutrition, especially of the heart, is of serious import. It is fair to presume that as far as the effects of pyrexia are concerned it does not matter whether the agent which produces the fever is within the body or external to it.

An animal exposed to a superheated atmosphere may have its temperature raised a number of degrees above normal and kept there for an indefinite time. It is true the conditions thus established are much more favorable for the elimination of heat than the ordinary environments of fever patients, and it is probable that the rapid abstraction of heat from the body stimulates to much greater heat production. This being true, the changes of nutrition would be much greater than would occur without this excessive loss of heat.

Welch confined rabbits in heated apartments and kept their temperature a number of degrees above normal for three weeks, and found at the end of that time marked fatty degeneration of the heart, kidneys and liver ; but an animal subjected to the same temperature for two weeks, remained well ten days after removal from the heated box in which it had been confined, and was then used for another purpose. Animals whose temperature was raised by the injection into the blood of some infectious material were found to have marked fatty deposits in the organs of the body at the end of two or three days. It must be conceded that long-continued high temperature, independent of the fever-producing agent, produces changes in nutrition in the heart and other organs of the-body ; but whether these changes are sufficient to endanger life in themselves is still an open question.

Admitting that certain pathological changes are due to the pyrexia to which the organs have been exposed, it does not necessarily follow that the contractile power of the muscular fibre of the heart is impaired thereby to a dangerous extent. The heart failure which occurs in the essential fevers is much more probably due to the innervating effect of the pyrogenic agent. Whether the pathological changes which take place in the heart, liver and kidneys, brought about by the altered nutrition of pyrexia, are of sufficient importance to justify an antipyretic treatment of the essential fevers, can only be determined by the collection of a large amount of clinical evidence. Whether, indeed, the pyrexia incidental to the essential fevers is wholly an evil, is not, by any means, satisfactorily settled. In a discussion

upon antipyretics in this association one year ago, I stated that it had not as yet been proven that pyrexia is not in itself a conservative element in the essential fevers. It may be the means by which nature destroys the infectious substances under which the system is laboring in disease. It is possible, as one writer puts it, that the pyrogenic agents light the fires that prove their own destruction. Nevertheless it is true, as Welch says, that the patient may suffer from the same power that destroys the enemy and may need the interference of the physician to protect him from undue injury.

In view of the foregoing explanation of the physiology of animal heat and the pathology of fever heat, it seems in place in closing this paper to call to your attention the rational action of true antipyretics. It has been shown that pyrexia is a result of innervation due to the action of some agent upon the heat-regulating mechanism of the nervous system. A true antipyretic restores to this portion of the nervous system the power which it has lost by the action of the infectious material, either by its stimulating directly the nerves impaired, or by rendering negative the paralyzing influence of the pyrogenic agent. The restoration of normal temperature by abstracting heat from the body by means of cold baths, etc., or by attempting to restrict the production of heat by withholding oxidizable food, are indirect methods, false in their rationale, and are fast falling into disrepute. I thank you, gentlemen, for the kind attention you have accorded me.

THE VALUE OF REST IN DISEASES OF THE LARYNX.*

BY J. H. LOWMAN, A. M., M. D., CLEVELAND, OHIO.

The friction of the air as it passes over the inner surface of the larynx becomes in disease a disturbing factor. Much more so are coughing and speaking. A consideration of the air movements in the trachea and larynx shows how this friction may be a not insignificant element under peculiar circumstances in the progress of disease. In health it produces unfavorable effects, of course; but as soon as the air tube is narrowed, or even flushed or sensitive, one can easily conceive how the passage of air through it may become an irritant.

To estimate the rapidity of the air-movements in the trachea, suppose a tube to be three-fourths of an inch in diameter, through which twenty cubic inches of air pass to and fro twenty times a minute with an interval of one second between each movement. On this postulate twenty cubic inches of air would pass through a given portion of such a tube forty times in forty seconds. Twenty cubic inches of air in a tube three-quarters of an inch in diameter would be equivalent to a column of air 45 inches long, .75 inches in diameter and 1.178 inches in circumference. Such a column of air passes on the average through the trachea in a second of time. The rate of air-movement at any point of the larynx would then be about forty-five inches to the second. This is no inconsiderable velocity. Air blown at such a rate of velocity against the conjunctiva would cause a congestion of the vessels. The mucous membrane of the eye has no such usage as that of the larynx, and is not prepared to meet it, yet the comparison is illustrative.

Let now the lumen of the air tube be diminished in area. The demand for air by the body is undiminished, and consequently the same quantity of air must pass through the narrowed tube as through the normal one, and that, too,

* Read before the Cleveland Society of Medical Science.

in about the same time. The velocity is increased, and whatsoever evils attend increased friction are increased, and that, too, in proportion to the narrowing of the tube.

It is not unusual to note the velocity of the air in the upper air tube as double and treble the velocity in health, so that the air sometimes rushes along its respiratory path at the rate of seventy-five and even one hundred and fifty inches to the second. Even this rate has no particularly bad effect upon a normal windpipe beyond sometimes a slight hyperæmia, as observed in those pulmonary diseases that diminish the number of serviceable air vesicles. If, however, the velocity was incident to a narrowed tube, and not to respiratory inhibitions elsewhere, the effect on the windpipe at the point of disease would not be slow in appearing. The chief element of danger is the friction of the air which first induces a hyperæmia, after which follow processes of perverted nutrition or even inflammation, which come so often in the wake of persistent disturbance of the blood circulation of any part.

The increased respiratory movements of the muscles have some influence on a disease in the larynx. The constant movement of the inflamed part, whether superficial or deep, accelerates the already active process, and of course prevents that rest universally regarded as essential in acute disease. The respiratory movement is especially baneful if the laryngeal disease is of such nature as to make the muscle work particularly to a disadvantage. When in fact the disease has invaded the extrinsic or more distinctively mechanical part of the larynx, then this increased action of already inflamed or irritated muscles or articulations would tend to make a bad condition worse, and one could look for more pain and swelling. Unquestionably the final, rapid increase, often observed in laryngeal affections of high grade, such as carcinoma or tuberculosis, especially when the glottis is narrowed, is, in no small measure, due to the constant irritation incident to rapid movements of the inflamed tissues.

A question requiring the ripest judgment presents itself when tracheotomy in malignant and acute disease is dis-

cussed, that is: When do the mechanical movements of the larynx and the friction of the air become active elements in the rapid progress of disease? An unfortunate discussion has recently given opportunity for the statement by one man in high position in medicine, that in a particular case the delay in remodeling a tracheotomy tube had shortened the life of a patient six months. The inference is that in his opinion the irritation of the wound, pain and dyspnœa had diminished rapidly the resistance of the patient in a short time. On such a question there would be a divergence of opinion, as it is a matter of judgment and not susceptible of demonstration.

The voice can be entirely and coughing measurably controlled; but the only way to prevent muscular movements and friction of the air lies in providing a new opening below the part diseased. Inspection of the larynx after speaking or singing will show that the use of the voice in health produces a certain degree of hyperæmia. Laryngoscopy of a singer, after not extensive vocalization, readily demonstrates this fact, and is the best method of determining the amount of work the vocal organ can safely endure. Whether the flushing of the mucous membranes, following the exercise of the voice, subsides soon or not, is a guide in any throat to the extent that it can be used. It is a guide often earlier than subjective symptoms, *e. g.*, hoarseness and abnormal sensations. It may also lead to detection of faulty modes of using the voice. When the hyperæmia persists for several hours, the work that caused it was too severe, too prolonged or wrongly done. In general, abstaining totally from singing, and indeed perhaps complete voice rest, is not simply a valuable remedial agent, but an absolutely essential one. Not infrequently, rest is responsible for every step in the progress towards recovery.

It is not necessary even to discuss the question of cessation of singing and speaking in many instances. The running school-boy has knowledge of that. A much more interesting point would be, In what diseased states should phonation be permitted or even encouraged? Vocal exer-

cises take a substantial place in voice training and can be used as therapeutical aids, especially in the congested and relaxed mucous membranes seen in the windpipe of such hysterical individuals as are subject to aphonia and associated complaints. A still more interesting question, because not so easily susceptible of demonstration, is the therapeutical value of absolute rest to the larynx, rest from respiratory movement, from contact of the moving air, as well as from the movements incident to phonation.

To show in a conspicuous way the influence of the air movements in the larynx as factors in the extension of disease, a case or two will here be cited :

A boy seven years of age gave a history of a gradually increasing dysphonia for two years. The diagnosis had been asthma. After eighteen months, after the first observed symptoms, the voice became hoarse. The dysphonia then became more marked as the breathing became more difficult. At times there was complete aphonia that lasted one or two days. The dyspnoea became so great that the patient was almost asphyxiated during paroxysms of coughing. At one time, a day before he was relieved, cyanosis was very marked. The condition of the boy was alarming, and additional aid solicited. Soon the laryngoscope was used and revealed a papilloma within the larynx. It was attached to the anterior wall just above and to the right of the anterior commissure, as shown by its subsequent behavior. It almost closed the glottis. A small opening just in front of the arytenoid commissure was the only path to the trachea visible. The sides of the tumor touched the lateral walls of the larynx. The growth had an irregular pear shape. The large end was forward, though the attachment was presumably small. The epiglottis was well lifted and the entrance to the larynx easy and tempting. The space for air was, however, so small that a preliminary tracheotomy was advised and made. Should an accident prevent the removal of the growth immediately after the seizure, there was too small a space left for the swelling that might follow. After the tracheotomy, the epiglottis fell forward to such an ex-

tent that the larynx was almost and the growth entirely obscured, nor could it be lifted by any muscular movement unless the artificial tracheal opening was closed temporarily.

Pneumonia followed quickly on the operation and prevented any immediate interference with the larynx. After the boy's recovery from the pneumonia, the growth was decidedly smaller. Breathing through the larynx with the new tracheal opening closed was not especially labored.

The idea of letting the growth alone and observing nature's method of dealing with it suggested itself, and was adopted in place of endo-laryngeal operation. The boy was in miserable condition. He looked bad. He was sent to the country. No medicine was used. He returned in a month. The general health was restored. The growth was reduced one-half in size. In another it was less than one-fourth its original size at the time of the tracheotomy. Two weeks later it was still smaller. At the end of the third month, in place of the tumor a small nodule was seen rising from the mucous membrane just above and to the right of the anterior commissure. At the end of six months no trace of disease remained. The tube was worn about three months. At the end of eighteen months the larynx was still normal.

Rest, and rest alone, was the cause of the absorption of the growth. Friction of the air and the movements, rythmical and otherwise, induced by the function of the larynx, must have been the agents over all that promoted the increase of the growth. It may here be mentioned that nothing could be assigned as the direct cause of the disease, constitutional or local. Nothing acquired or inherited, in the line of accident or disease, could be fixed upon as likely to have influenced the growth in any way outside of the new conditions brought about by the tumor itself, as the normal respiratory movements, laryngeal and pulmonary, were disturbed.

A second case in point was that of a man of forty years of age who had had a chronic laryngitis for some years. An aggravation of the previous symptoms, with an occasional

dyspnœa, led to the use of the laryngoscope. An ulcer, irregular in outline, was discovered about the centre of the right ventricular band. The affected side of the larynx was swollen and concealed the corresponding vocal cord. Syphilis was suspected as the cause without other reasons than that the ulcer was seen; there was no confirming history. Satisfactory improvement failed to follow the use of anti-syphilitic remedies. On a morning a sudden and severe attack of dyspnœa almost cost the man his life. Tracheotomy was soon afterwards made, whereupon the ulcer rapidly disappeared. The ulcer was seen two weeks before the trachea was opened, and in all probability, judging from the history the patient gave, began sometime further back. It showed little or no improvement before the operation. One week after the operation it was decidedly smaller, and in two or three weeks had lost its character as an ulcer. The right ventricular band was still the seat of an exudation which gradually disappeared, leaving the chronic catarrhal laryngitis which also had improved. Even if in this case the mercury and iodine did assist the cure, the rest, accidentally enforced, rapidly pushed it. The case, though not so striking and direct as the one previously cited, is, nevertheless, instructive.

Abnormal growths are so seldom absorbed that the case of the boy has a peculiar interest. If rest alone can bring about results so far-reaching, it is natural that one should look for the advantages that must lie in a partial or temporary rest. Anything so striking as tracheotomy (the only way to get absolute rest for the larynx) would be permitted only as a life-saving measure, and can, therefore, have only a limited application. The benefits that it brings point, however, to a vigorous use of such other means as are available and which may, if continued long enough, approximate the good, if not attain it, that comes from more heroic interference.

ANTISEPTIC FOMENTATIONS VS. POULTICES.

BY G. W. CRILE, M. D., CLEVELAND, OHIO.

The consideration of this subject is limited to the treatment of inflammation and phlegmon, or suppuration, in everyday surgical practice.

It would far transcend the limits and intention of this article to enter into a detailed presentation of the causes of phlegmon. However, a brief outline of the teachings of the more recent contemporary writers will serve to make my following remarks perhaps more perspicuous, since a surgical pathology is in the midst of a noted transitional era.

Inflammation and suppuration are but names of different conditions in the chain of effects from the same cause—the activities in a suitable soil of a vegetable organism, technically designated schizomycetes, better known as bacteria and micrococci.

Living tissue offers a decided resistance to their activities; on the other hand, they cannot live on the products of decomposition. They require undecomposed, devitalized, albuminoid substances in the presence of warmth and moisture.

In every wound the vitality of the cells along the direct path of the wounding substance is destroyed. Coagulated blood and lymph in the wound also represent dead tissue. This becomes a welcome culture soil for micro-organisms. A fermentative action is instituted. This results in decomposition of tissue and the production of ptomaines or Volkman's sepsin. These ptomaines are very diffusible. By dint of their diffusibility they are widely absorbed. This absorption brings the adjacent vaso-motor nerves under their influence, causing active hyperæmia of the corresponding capillary area, or "*rubor.*"

Transudation, infiltration and hyperæmia, or "*turgor,*" follow.

The hydrostatic pressure, together with the direct action of the ptomaines on the sensory nerve filaments, causes pain or "*dolor.*"

Increased blood supply and active tissue change evolve heat—"calor."

We now have "*rubor*," "*turgor*," "*calor*" and "*dolor*," which constitute the classical circle of inflammation.

A high degree of tension and modified nutrition devitalizes the tissue and it readily falls a prey to the ravages of the millions of micrococci. Blood-vessels lose their impermeability, leucocytes transude, lymph and serum infiltrate the tissue. Then follow tissue decomposition and liquefaction as the last stage. We now have as a result a cavity filled with lymph, serum, broken-down leucocytes and necrosed tissue—an abscess is formed.

In this decomposed tissue micrococci cannot long flourish. Colonies of them seek newer and greener fields. They emigrate to adjacent tissue, now impaired, and the process here is repeated. Briefly, then, we have:

1. Devitalized or impaired tissue.
2. Advent of fungi.
3. Production and absorption of ptomaines.
4. Classical circle of inflammation.
5. Necrosis, liquefaction and abscess, or phlegmon.

In the treatment of inflammation and phlegmon, we will consider two stages:

First. Before formation of pus.

Second. After formation has taken place.

In the first stage, which shall it be, *incision and antiseptic fomentations* or *poultice*?

As a remedial agent I know of no virtue in poultices other than the advantage of moist heat. They are even less objectionable on account of their *want* of commendable qualities than on account of the *injurious* qualities they *have*.

Let us suppose a case. A patient presents himself for treatment. His hand is much swollen, extremely painful, cannot sleep, lymphatics along the arm tender, pain perhaps in the axilla, skin of hand brawny, elevation of temperature, face pale and drawn, etc. On inquiry you obtain the following history:

"Three days ago, I fell from a car and struck my hand

on a piece of cinder; did not think it was much hurt, put some plaster on the wound, went to the nearest doctor; he put in a few stitches and also put on a plaster to draw the edges of the wound together and to protect it; it has been growing worse ever since."

A simple lacerated and contused wound less than an inch long, but little more than skin deep, now has become a grave case.

The integrity of every anatomical part involved is threatened, if, indeed, not the loss of the hand itself. The tension is high. Ptomaines are forced along the veins and the lymphatics by the hydrostatic pressure. The flames are fanned. What shall be done? If the sufferer falls into the hands of a disciple of the poultice school of surgery, his hand is poulticed, believing that if the inflammatory process is not arrested, suppuration will be hastened. Opium is prescribed, promises of relief given and received. The patient pursues the phantom of hope in dire distress.

Chills and high temperature follow. He is assured that he has malaria. Quinine fails to relieve. Thus with rapidity, in blundering stupidity, perhaps in the innocence of honest error, a hand is poulticed into uselessness—ankylosis or amputation the sad sequel. Happily, however, when on the brink of disaster, mental and physical anguish drives him to a modern surgeon, whose aseptic scalpel demonstrates the cause of the malaria (?) to be a pus-filled hand. How much better it would have been to freely incise early and amply!

By free incision, or Volkman's multiple incision and drainage, observing antiseptic *cautela*, followed by corrosive chloride of mercury (1-1,000) moist dressing, hyperæmia and tension are promptly relieved, tissue is conserved, the further absorption from hydrostatic pressure is lessened, and the patient and surgeon are rewarded by rapid and permanent relief.

If, however, the patient stubbornly refuses incision, if the condition of the case does not warrant incision, or if for prudential reasons incision is not wise, what should be done?

Even then we have, I believe, a better therapeutical agent

than the poultice, viz., fomentations of warm corrosive chloride of mercury solution 1—(3 to 6,000) applied as follows: apply five or eight layers of medicated gauze over the part, over this pour the solution as warm as can well be borne; if pouring on is not convenient, wring the gauze lightly out of the solution and apply. Over this apply oiled silk or any other impermeable substance to prevent evaporation of moisture and radiation of heat. This method offers every advantage of a poultice, with none of its disadvantages. Gauze is a perfect absorbent, is light, cleanly and readily and easily applied. Its greatest advantage is its antiseptic properties. In tissue vitally impaired, in which microbial invasion has probably already taken place and abscess threatens, this treatment seems to have a specific influence which can be explained in no way but that part of the germicidal solution is absorbed by the veins and the lymphatics; part infiltrates directly into the tissue. In this manner the multiplication of the micro-organisms is checked and probably those already existing are destroyed. It has been proven that it requires a much stronger germicidal solution to destroy existing fungi than to prevent their multiplication.

If, however, the process goes on to suppuration, the surgical field is in a perfectly aseptic condition for any procedure that may be decided upon.

Poultices are too frequently brought into requisition to lull the apprehension of the patient and hide the ignorance and indecision of the surgeon.

Second. Where pus has already formed all unite in lauding the wisdom of the old surgical tenet, "*Ubi pus, ibi evacua.*" This requires no comments. However, in letting out pus, antiseptic precautions should be observed, every focus opened, irrigated, drained, and a moist dressing of corrosive chloride of mercury gauze, covered with oiled silk, applied.

The solutions for irrigating pus cavities should be no weaker than 1-1,000.

But little pus forms after first dressing. The phlegmonous process is usually promptly arrested.

I have recently observed the treatment of two similar phlegmonous processes of same location—one by incision and flaxseed poultices; the other by incision, with antiseptic fomentations, as above described. Their comparison was a valuable object lesson. While the poulticed wound was pouring out large quantities of pus, the antiseptic one simply moistened the dressings.

In the former, tendons and fasciæ necrosed; in the latter, exposed tendon was rapidly covered by granulations. There were more suppuration and necrosis in the former because of less protection to the tissue; in the latter there were less suppuration and necrosis because there was more interference with the action of the fungi.

Who cannot recall many cases similar to the following? A patient suffering from an abscess presents himself for treatment. The abscess is incised, a poultice applied. The poultice advocate points to the filth on the surface of the poultice and says, "See the large amount of pus it 'draws out.' How the tissue destruction is checked by its removal."

Again: There is a contused and lacerated wound. The vitality of the contused part is much impaired. Necrosis threatens. A poultice is applied to hasten the sloughing. With equal pride he points to his work and says, "How rapidly the wound is sloughing off and the tissue melting into pus."

This brings out the handsome poultice dilemma, which has a wide application. If it is true in the first instance that a poultice prevents tissue destruction, then in the second it fails its purpose as a tissue destroyer. If it is true in the second that it favors rapid sloughing of impaired tissue, then in the first instance it can not be successful as a tissue conserver.

And by this method of reasoning (?) poultices have a place as a surgical therapeutical agent.

It will, perhaps, be interesting in this connection to briefly

notice the *modus operandi* of the formation of the matter collected on a poultice. To begin with, a poulticed wound provides the prime necessities of fungus life, viz., moisture, warmth and dead albuminoids.

In micro-organisms, as in the higher organisms, food is required. The elements required are carbon, hydrogen, nitrogen, phosphorus, sulphur, calcium, magnesium and potassium. All these are supplied at the expense of the tissue in which they live. The first four named are derived from the carbo-hydrates and the albuminoids; the remainder form the inorganic salts. In the process of converting these into fungus food, the compounds of which these elements form component parts are broken up and ptomaines are formed. This continues until a point is reached where the vitality of the tissue can withstand their attack. Since they cannot live on the products of decomposition, the limit of destruction is reached—the poultice has done its work.

From the analogy of nature, is it not reasonable to assume as a working hypothesis that the more nearly perfect the environments of the fungi, the more hardy, numerous and aggressive they become. How far from perfect are the environments of fungi in a poulticed abscess? What is there in a poulticed suppurative process that microbial prosperity forbids?

To me, these seem a microbial mansion, so perfect in its appointments that the most fastidious of the tribe could raise no murmur of complaint against the good work of their benefactor. Is pus *ever* laudable? Is it ever wise to invoke the aid of suppuration in surgical procedures? Suppuration is expensive to the economy and a dangerous and treacherous ally.

In conclusion, the chief objections to poultices are: (a) Useless extemporizing by their use leads to indecision and wasting of opportunities. (b) They beguile the patient and surgeon into dangerous procrastination. (c) They act in accord with the laws of fungus life and in discord with the

laws of cell life. (d) They are unsavory and offensive to the senses of the patient.

Antiseptic fomentations and antiseptic moist dressings offer every advantage of poultices, with none of their objections. I believe that an intelligent appreciation of the more recent advances in the etiology and pathology of inflammation and phlegmon is *incompatible with poultice methods, and in harmony with antiseptic fomentations and antiseptic moist dressings.*

THE DOCTOR'S LIFE.*

BY PROF. I. N. HIMES, M. D.

Slowly, slowly, slowly we oxidize !

Become old and rusty,

Fungoid and musty,

Diminish in size ;

Reputation decreases, and self-conceit ceases—

In the morning we're longer and stronger ;

Life's burden, its hod and its mortar,

Press our vertebral disks something shorter ;

Cares fret and wear our facial lines incessantly,

Yet doctors grow old rather pleasantly !

One cannot abide at the patient's bedside,

A look full of gloom, a look full of doom ;

And so to beguile the sick ones to smile

We reef sorrow's folds in our faces right close,

Present the more blandly the bitterer dose ;

And thus in assuming pleased facial expression,

Our brain cells grow to these fixed lines of joy ;

Ill thoughts do not thrive, glad thoughts survive,

All life's new-comers we hail with the papa's profession,

"A happy event !" whether girl or a boy.

Training of mind, expression, eye and tongue,

Good deed and kindly word thus keep us young ;

While Science, with illuminated page unrolled,

hows us the art—to placidly grow old.

Promethean teacher ! whom we love full well,
If there be not with thee perennial youth,
At least fresh thought is in thy gift,
Fresh thought and truth.

Pleasures of him who knows the ways of plants,
Their rootlets, stems and branchlets and their flowers,
The sap distilling spirals of their cells,
Hues changing with the sunlight and the hours ;
These pleasures are our own, whose minds enlist
No merely social forms of human life—
Who hold in loving inquiry the race
As sacred as to devotee the eucharist.
For to the true physician, sacred name
Is age and youth, matron and maid ;
'Tis his to barrier the breast aflame,
Passion well reined, termed mental force instead,
One day with him can have success, defeat ;
A battle won ; life saved or lost ; retreat
Before slow march of foe ; a captain he,
Contestant with no mortal chivalry.
From foe or ingrate friend we turn for rest
To inspirations of the lettered page,
Covered with emblems reproducing thought ;
Turn we as half-weaned babe to mother's breast.
In the well-shelved alcove how glad to be !
But every day we leave the shady nooks ;
Our duties call us in free air, we see
Nature's true commentaries on the books.
Threading the streets in mornings fresh and bright,
We harvest crops of smiles from human faces.
In June and May, rain-burnished, glad sunlight
Is very favorable to such growth of graces.

From workward, playward bound, our sisters, brothers,
Some eyes look up so pure, so kind, so sweet,
Free from suspicion of themselves and others,
We inly say a grace before we meet.
Dark eyes look you through,
Gray eyes lift your care,
Blue eyes speak to you ;

Tempered steel of soft gray hair
Sends you patience on your way;
And gentle thoughts imbued with truth,
Chestnut brown and gold of youth
Cheer you like the rays of day.
We pass from thronging streets and smiling faces,
Where all the lines have fallen in pleasant places,
To where, beside the couch, pain-scourged fingers
Have wrought a motto while the dull ache lingers.
So reads it, "Suffereth long and envieth not:"
If we look close will we not see some blot,
Because the drooping eyelids were not dry?
Or where the pen from anguish turned awry?
Next haps it that our touch is on the bell
Where young life and new hope together dwell,
Where doubled hands are fisting it away,
Eager already to begin the fray.

Oh! June of roses deck each spray with bloom;
Art, hew the formful marble to your will,
There is no chiselled statue in the hall,
Or sun-fed flower in valley or on hill,
That has so much of earth and heaven combined,
The sacred and the sensuous intertwined,
As fair young mother and her bright-eyed babe,
Arms closing upon neck, warm cheeks together laid.
If, after years, the invisible hand of death
Shadows the laughing eyes whose curtains wide
Would catch a ray in the soul's house, at eventide,
E'en terror of death's darkness vanisheth,
When words with accents actor never cons
Of mother's tenderness, "Darling, mamma's here!"
She speaks, "Mamma's here, darling, do not fear!"
Symphonious with the angelic choir beyond.
Transfiguration heights of science still must show
A Christ, a God of love, a trysting-place;
Else in those master hours of overthrow,
Partings of those whose heart-strings form one woof,
There seems no good but that one find a way
To stop the pulse beats—leave the barren sphere—

Survival of the fittest—to a race
That knows no love, nor hope, nor lasting cheer.

Is our next visit to an outcast one
With life and opportunities near gone ?
Ours be the word of grace to point above
And say, we also meritless, that " God is love."
And this is our allegiance to humanity,
To be with it in earnestness and vanity,
In birth, in death, in merry ringing bells,
Or tolling knells ;
In life's miscarryings ;
In joyful marryings ;
To be with them in childhood, youth and gladness,
Their day of strength, or overstrain and madness ;
In ages winter-flecked with shine and sadness ;
In times of mirth, in times of prayer,
In careless folly, in frugal care ;
Where wealth is served from gold, or where the meal
Is made with Poverty from common deal,
Where they are like to roses overweighed with rainy blessings ;
Or like the low white clover, yielding perfumes from rude
 pressings ;
In hate, in blows, in lovings, in caressings.
With him, who, hand outstretched to pluck fame's flower at
 last,
After labor, study, travel, clasps Death's scythe edge in his
 grasp ;
With her to whom the message of the lilies is announced,
Who finds that in her motherhood Death's sentence was pro-
 nounced ;
'Mid battlefield's grim husbandry in hills of men and horses,
To list a feeble call for help among the corses ;
To risk a life that we may be of other lives the wardens,
When plague would drive to shelter in some far Boccaccio's
 gardens.
We know all seasons, and both night and day
Are with all persons in both joy and tear,
Whether the uneasy planet shifts a side
To sunshine or to shadows of the year.

We mark the round of change in life and earth,
Flowers wake on hill-sides leading to the sun,
South winds breathe the dead snow to life in drops,
Which flashingly in trickling streamlets run.

The white-capped waves, like little Phrygian boys,
Trip playfully before a spanking breeze,
While summer shadows cool the busy walks,
Falling as fruitage from the broad-leaved trees.

The grand elms flutter golden leaves upon the avenue,
The maple prints its fingered forms in darkly crimson hue,
Brown sparrows stoop to broaden out about cold feet warm
down,
Or crystal snow-flakes under lamps bejewel all the town.

Might we, like Kirtland and good Delamater,
Pass to repose at the full season's close,
Their bodies resting, but whose souls arose
To closer study of the works of the Creator.

Rest Kirtland's dust! beneath the lilies—
Valley lilies springing pure—
Whose silver bells and diamond dew-drops
Were wealth that could allure.

Hard by, Lake Erie murmurs softly,
Or rises into stormy roar,
It waves their crested line of battle,
Renewing with the stubborn shore.

The fir trees keep a watch above thee,
Whispering the winds that near and far
Tell rock and stream and bird and blossom
What place thy sacred ashes are.

But in new realms, where new birth brought thee,
With wider range than sound or sight,
There, more than rock, stream, bird or blossom
Are in thy circles of delight.

CORRESPONDENCE.

LETTER FROM CINCINNATI.

The Cincinnati College of Pharmacy held its seventeenth annual commencement at Musik Verein hall on the evening of March 14. After the exercises the usual banquet was given. There were eighteen graduates from the College of Pharmacy this year.

The commencement exercises of the Cincinnati College of Medicine and Surgery were held in the Scottish Rite cathedral, February 26, where they graduated thirty-two doctors of medicine. This is the largest class to leave this institution for some years. Dr. R. C. Stockton Reed made the address of the dean, and the valedictory address was given by Dr. Reed.

The commencement of the Ohio College of Dental Surgery was largely attended at College hall on the evening of March 4; sixty-five doctors of dental surgery were graduated. The address was made and degrees conferred by Dr. C. R. Taft, as Dr. George W. Keeley, president of the board of trustees, had died within the last year. The address to the students was delivered by Mr. E. D. Warfield, the oration by H. M. Paxton. Professor H. A. Smith, dean of the faculty, awarded the prizes, and the exercises were followed by a banquet at the Burnet House for the graduates, faculty and alumni.

An amusing incident occurred at a recent meeting of the Academy. A gentleman was making an earnest speech advocating conservatism in gynæcology. He cited a case in which the patient had her ovaries removed but she continued to suffer. She fell into his hands and he did everything possible to relieve her, but nothing availed to relieve her pain. "Gentlemen," he said, increasing in earnestness, "this lady is now in her grave and is suffering more than ever before." This speech was greeted with roars of laughter, but with increasing gravity the speaker said, "Gentlemen, you may laugh as you please, but I repeat it, her suffering is now greater than ever before."

The Miami Medical College, at its commencement at the Odeon the evening of the sixth of March, graduated a class

of twenty-two. The remarks by the dean, Dr. William H. Taylor, were followed by an address from Honorable W. H. McGuffey, president of the board of trustees. The valedictory address was delivered by Dr. Byron Stanton, professor of gynæcology. Dr. Stanton discussed the care of the public health, which field is in his line as health officer of the city. The faculty prize, one hundred dollars in gold, was awarded Dr. H. E. McVey of Mount Blanchard, Ohio. The largest and most enthusiastic meeting of the alumni for some time was held at the Burnet House, where a very enjoyable banquet was given. The association elected as president, Dr. L. M. Buchwalter; secretary, Dr. J. C. Oliver. The retiring president, Dr. W. C. Chapman of Toledo, made a very interesting valedictory address. Dr. Dan Millikin of Hamilton was an excellent toast-master and the responses to the various toasts were made in the happiest vein. Two members of the association were expelled for advertising.

At the seventieth annual commencement of the Medical College of Ohio, eighty-six doctors of medicine were graduated. This was held in the Odeon, March 7. Dr. W. W. Seely made some short, pointed remarks as dean of the faculty. He was followed by the address of the president of the board of trustees, Honorable William H. Dickson, who delivered the diplomas. This speaker paid his respects to the neglect of the duties of the politician by physicians. His interesting address urged more attention to the affairs of the country by doctors and the assumption of an active part therein. The faculty prize for the best final examination in all departments was captured by Dr. Edwin O. Straehley of Cincinnati. Dr. Forcheimer, professor of physiology and diseases of children, delivered the valedictory address, advocating his subject, "Specialism in Medicine," with many good arguments.

The alumni of the Medical College of Ohio met at Memorial Hall the afternoon of March 7. An address was made by the president, Dr. S. J. Spees of Hillsboro, Ohio. "Politics and the Doctor" was the subject of the annual address, delivered by Dr. Miles F. Porter of Fort Wayne, Indiana. The matter of the publication of the early history of the college from 1819 to the present time was placed in the hands of a committee. Anyone having matter of interest will please to forward to Dr. A. T. Drury, 57 Gist street, Cincinnati. At a recent meeting of the academy, a report was made by a gentleman on the radical cure of

hernia. His paper was very able, and was listened to with close attention. At the end, he wished to show three male patients on whom he had operated successfully. The lady members of the academy were present, and the men positively refused to exhibit unless the ladies absented themselves. The president descended from his chair and asked the ladies to be kind enough to retire, which they did. The patients then took their stand on the rostrum, and were inspected by all present who wished to do so. The discussion continued, and all went merry as a marriage bell, unconscious of breakers ahead. At the next meeting, one of the ladies, having taken offense at being deprived of her inalienable rights, immediately after the reading of the minutes, took the bull by the horns and demanded why this was thus. The president blushed clear to the roots of his hair, which, by the way, is a long way, and tried to satisfy the feminine M. D. with an evasive answer, which was rendered all the more transparent by the diffidence with which it was given. This, instead of proving a mollifier, was more in the nature of fire to powder, and the onset was more terrible than ever. The lady asked, with renewed emphasis, why she was requested to withdraw, and still remained unsatisfied, when the president told her, after various unsatisfactory answers had been attempted, that the men refused to exhibit themselves unless the ladies were absent. She said if ladies were not allowed all the privileges of the academy she thought they should pay only two dollars annual dues instead of three. She also supposed the ladies would be excluded from a supper which the members talked of soon giving. The election of officers followed as soon as quiet could be restored, and the lady was run for several offices, which made her very angry, and the persistent vote as a result of her indignation added fuel to the flame. Truly it is good for brethren to dwell together in unity, and men and women in mutual peace and amity in medical societies.

CINCINNATUS.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. IV. begins with November, 1888. Subscriptions can begin at any time.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

DOCTORS IN COURT.

The following paragraphs have been caught 'going the rounds of our exchanges:

In a Berlin police court a doctor was arraigned on the charge of assault. It seems that the doctor was called upon to prescribe for a boy about five or six years old with some slight indisposition. The little rascal screamed and kicked so vigorously, that the doctor, after trying in vain to soothe him, yielded to an impulse that all have felt, and gave the patient something substantial to cry about. The child's mother, not relishing this part of the treatment, summoned him before a magistrate. The worthy representative of Solomon decided that the doctor had acted for the best interest of his patient and he acquitted him.

Another queer case was recently adjudicated by the correctional tribune of Lübeck in which the physician did not

fare so well. An old family physician—a man past sixty-five years of age—was arraigned for assault and battery upon a patient. It appeared from the evidence that the latter was a girl in her teens, whom the doctor had ordered to take certain medicines. On making his next visit he found that she had failed to do so, and without more ado he turned down the bed-clothes and spanked her soundly. The tribunal sentenced him to nine months' imprisonment and a fine.

An English judge has recently rendered the following very sensible decision: A local surgeon sued the executor of a deceased farmer for a certain amount for consultations. The deceased could not take any medicine. The judge in giving his decision said, "Many people of a better class hoard the idea that it is for medicine doctors are paid; it is for skill."

Judge George C. Barret of the supreme court of New York has decided that a homeopath (known as such) has not the right to use other than homeopathic means in the treatment of a case. He says: "If I call in a medical man who designates himself a homeopathic physician, it is because I do not wish to be treated alopatically or electrically or otherwise than homeopathically. Common honesty demands that before a confiding patient is to be drugged with quinine, iron or morphine or other medicaments, he should be told that the homeopathic system has failed, and that relief can be had only by change of system. Without doing so the homeopathic physician is bound to give small doses of a single drug administered upon the principle of *similia similibus curantur*."

The Pacific Medical Journal, in commenting upon a suit which is to be brought against Dr. C. A. Elinwood, professor of physiology in Cooper Medical College (San Francisco), and one of the ablest and most respected physicians of California, very justly observes that "these affairs come with almost chronic regularity. With every change of season, an honored physician in some portion of the country is dragged into the courts, advertised over the country in a libelous and slanderous manner, put to

the expense of a trial, his practice disorganized, his time squandered, in order that some patient, whom in most cases he has attended without receiving or expecting a remuneration, may have a *whack* at his hard-earned accumulations, the spoils to be divided with a shyster."

THE COMING MEETING OF THE OHIO STATE MEDICAL SOCIETY.

The next meeting will be held in Youngstown, in Wick Hall, No. 134 West Federal street, commencing at two o'clock P. M., May 22. The usual reduction in railroad fares will be made. The hotels are the Tod House, \$2.00; Windsor, Commercial and Campbell, \$1.50 per day. Papers are promised by Drs. S. Loving, R. T. Gillian, H. Culbertson, A. B. Carpenter, J. O. Reeve, A. B. Thrasher, A. W. Sharp, C. W. Tangeman, D. Millikin, O. Everts, S. C. Ayres, S. F. Forbes, J. T. Woods, A. R. Smart, S. S. Thorne, H. J. Herrick, G. Goodhue, R. A. Vance, A. R. Baker and others. Wick Hall is a large and commodious building, with plenty of space on same floor for exhibition of pharmaceutical preparations, without interfering with the regular work of the society. On the evening of the twenty-third an entertainment will be given the society in the Opera House.

The committee of arrangements are Drs. John McCurdy, J. E. Woodbridge, R. D. Gibson of Youngstown, T. H. Stewart of Church Hill, and C. S. Ward of Warren, Ohio.

NEW BOOKS.

'HAND-BOOK ON THE DIAGNOSIS AND TREATMENT OF SKIN DISEASE.' By Arthur Van Harlingen, M. D. Second edition, enlarged and revised. With eight full-page plates and other illustrations. Published by P. Blackiston, Son & Company. 1889. Price \$2.50. For sale by P. W. Garfield, Cleveland, Ohio.

This work is too well known to need any lengthy review at this time. The book was written with reference to the wants of the general practitioner, especial prominence being given to diagnosis and treatment of the various affections of the skin. The commoner affections and those giving most distress and annoyance to the patient are treated fully.

In the present edition many of the articles have been rewritten, and a number of new articles, chiefly brief descriptions of the rarer affections, added. The additions nearly double the quantity of matter contained in the book.

An especial feature of the present edition has been the introduction of a number of illustrations, some original, and others taken from special journals and monographs. There is no doubt but these will be of great service in the diagnosis and treatment of the affections described.

'THE PHYSICIAN'S POCKET DAY-BOOK.' Designed by C. Henri Leonard, M. A., M. D. Size, $7\frac{1}{2}$ inches long, $3\frac{1}{2}$ inches wide and $\frac{3}{8}$ of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price \$1.00, post-paid. The Illustrated Medical Journal Co., publishers, Detroit, 1888.

This is the tenth year of issue of this exceedingly popular Day-Book, which contains several new features. Besides accommodating daily charges for thirteen months for fifty families, and the other usual memorandum pages, it has a very complete list of doses of old and new drugs; poisons and their antidotes; tried tests for urinary deposits, chemical and microscopical; obstetric calendar; disinfectants for the sick room and vaults; tables of weights and measures; table of eruptive fevers, and drops in a drachm of fluid medicines.

'BLÉNORRHOEA OF THE SEXUAL ORGANS AND ITS COMPLICATIONS.' By Dr. Ernest Finger, Docent of the University of Vienna.

Blénorrhœa in the male urethra is probably the most frequent disease with which the general practitioner has to deal. With it he usually begins his early practice, and throughout his whole experience it is the cause of many anxious hours. While the difficulties surrounding the control of the patient during treatment are in a measure answerable for this uncertainty, the physician is oftener in a great part to blame. There is no department of general medicine in which such unscientific and routine treatment is adopted as in the average case of blénorrhœa. A syringe or two of one sort or another, and a collection of thirty or forty receipts for injections, are the entire armament of the large majority of physicians. Certainty of diagnosis by examination of the pus and urine, the methods of physical examination of the urethra, are usually *terra incognita* in the pathology and treatment of gonorrhœa. It is only within the past ten years that some light has been shed on this darkness, and the most important contribution to the available literature upon the subject has just appeared in Dr. Finger's remarkable book, which is included in the April issue of Wood's Medical and Surgical Monographs, occupying over 300 pages and copiously illustrated with wood engravings and lithographic plates.

'DIABETES AND ITS COMPLICATIONS WITH HEART DISEASE.' By Jacques Mayer, M.D., Carlsbad.

While we do not lack for literature on the subject of diabetes, it is a fact that singularly little is yet known regarding certain affections of the heart and blood-vessels which are apt to occur in the course of that disease. This may, perhaps, be accounted for by the circumstance that those who have occupied themselves with investigating the pathology of diabetes seem to have given their chief attention to the examination of those organs which experimental physiology had shown to be more particularly involved in its production. Clinical symptoms, as well as anatomical lesions which have been described, have had almost exclusive reference to cases of diabetes which have lasted for some considerable time, and

the condition of the liver only is spoken of. There are as yet no observations based on carefully continued physical examination of the heart, from the very commencement of the disease, unless we except the records of Dr. Mayer's own observations, which have extended over several years, and the results of which are summarized in his work on the above subject just published in the April issue of Wood's Medical and Surgical Monographs, and in which he seeks to demonstrate that the cardiac disease which he has observed in patients suffering from diabetes is to be traced to morbid changes in metabolism, and is owing to the circumstance that the kidneys are unable, after a time, to continue the excessive efforts which they have been called upon to make; that their compensating functional activity gradually decreases, and that this leads to increased cardiac action, hypertrophy and dilatation; and he deems his arguments supported by the observations of several authors who have apparently found fatty degeneration of the heart in a large percentage of cases of diabetes. Dr. Mayer has framed his conclusions in about 30 pages, which, so far from being an addition to the abundance of literature above mentioned, stands alone, and for this reason its practical value is unquestioned.

PAMPHLETS.

[In most cases anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the *GAZETTE*.]

1. 'MELANCHOLIA AND ITS CAUSATION, WITH SOME SUGGESTIONS RELATING TO THE PREVENTION OF INSANITY.' By Dr. Jamin Strong, Cleveland, Ohio.
2. 'ON THE RELATION BETWEEN THE GENERAL PRACTITIONER AND THE CONSULTANT OR SPECIALIST.' By L. Duncan Bulkley, A. M., M. D., of New York City.
3. 'THE COMPARATIVE MERITS OF TRACHEOTOMY AND INTUBATION IN THE TREATMENT OF CROUP.' By George W. Gay, M. D., Boston, Massachusetts.
4. 'INTUBATION OF THE LARYNX IN DIPHTHERETIC CROUP.' By Dillion Brown, M. D., New York City.
5. 'INTUBATION IN CHRONIC STENOSIS OF THE LARYNX, WITH A REPORT OF FIVE CASES.' By Joseph O'Dwyer, M. D., of New York City.
6. 'PREVENTION OF YELLOW FEVER IN FLORIDA AND THE SOUTH.' By Dr. W. C. Van Bibber, Baltimore, Maryland.
7. 'YELLOW FEVER: ABSOLUTE PROTECTION SECURED BY SCIENTIFIC QUARANTINE.' By Dr. Wolfred Nelson, New York City.

8. 'SECOND ANNUAL REPORT OF THE PHILANDER SMITH MEMORIAL HOSPITAL OF THE CENTRAL CHINA MISSION OF THE METHODIST EPISCOPAL CHURCH, NANKING, CHINA.'

9. 'THE QUESTION OF INTERFERING WITH THE ABSCESSSES OF HIP DISEASE.' By A. B. Judson, M. D., New York City.

1. Dr. Strong calls attention to the influence of heredity in producing the melancholy type of insanity. He traces much of the present increase of insanity in this country to the excitement and upheaval of society incident to the War of the Rebellion.

He says, "The true mission of an insane asylum is not in simply furnishing all possible care to its accumulated mass of patients, it should serve as a radiating center for the diffusion of light and special knowledge relating to such vital questions as the heredity of insanity, its causation, remote and exciting, its prevention, and the supreme importance of its early treatment."

He believes the "parole system" to be fraught with danger resulting in the spreading and in the perpetuating of insanity and its kindred evils.

2. Dr. Bulkley presents very clearly the relations which should exist between the general practitioner and the consultant or specialist, from a specialist's stand-point. He believes that specialists are necessary to the welfare of the patient, as well as to the general practitioner, and that the most friendly relations should exist between them. He thinks that it is not advisable that the specialist take general practice, owing to the continual conflict it causes with regard to the practice of other physicians.

3-4-5. These reprints are valuable contributions to the literature of tracheotomy and intubation in the treatment of croup.

Dr. Brown gives a list of 2,368 cases with 647 recoveries or 27.3 per cent. It is the record of 166 operators practicing in Germany, France, England, Spain, Canada and nearly every state in this country.

Dr. Gay believes that intubation is to be preferred in

young children, and in all cases living at a distance from skilled aid, where the tube must be allowed to take care of itself. He believes that tracheotomy is indicated in those cases in which intubation cannot be done, or in which it fails to give relief to the dyspnœa; it is also to be preferred in those cases of intubation which cannot be fairly nourished.

6-7. Yellow fever was introduced into Key West, Florida, from Havana, during the summer of 1887; from Key West into Tampa in August, 1888; from Tampa into Jacksonville, and from Jacksonville into Decatur, Alabama, and other points in September, 1888; and in consequence of this a constant and ruinous panic spread throughout the southern and southwestern states during the summer of '88.

Whether a repetition of this scourge is to be repeated during the coming summer is a question which sanitarians and legislators must answer. A careful reading of these monographs will convince the most skeptical that yellow fever can be prevented by scientific methods.

8. This report is of particular interest to the graduates of the Cleveland Medical College, 1878-79, as Dr. Robert C. Beebe, who has charge of this hospital, was a member of that class.

A medical school has been established which is known as the Medical Department of Nanking University. Dr. Beebe is dean and professor of theory and practice of surgery.

The illustrations in this report are quite amusing and are by a Nanking artist of which it is said, "Although they may not enable us to see ourselves as others see us in this part of the world, yet they furnish us a specimen of Nanking art and a fair idea of our building."

9. Dr. Judson believes that many cases of hip disease may be treated without operative interference. It is his practice to (1) Give bone and joint the most absolute mechanical rest possible. (2) To insist on the most liberal and varied diet of which, as a rule, milk in unlimited quantities is the staple. (3) To permit the use of opium, which, if used, is to be given in potent doses.

NOTES AND COMMENTS.

Mr. John Huntington has donated two hundred thousand dollars to various charitable institutions in this city. A large portion of this has been given to the Dispensary of the Medical Department of Western Reserve University. This, together with the previous donation of Mrs. Hurlburt, places this deserving charity upon an independent financial basis, such as few similar institutions occupy.

Medical Aphorisms.—1. Life is short, patients fastidious and the brethren deceptive. 2. Practice is a field of which tact is the manure. 3. Patients are comparable to flannel—neither can be quitted without danger. 4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted. 5. Would you rid yourself of a tiresome patient, present your bill. 6. The patient who pays his attendant is but exacting; he who does not is a despot. 7. The physician who depends on the gratitude of his patient for his fees is like the traveler who waited on the bank of a river until it finished flowing, so that he might cross to the other side. 8. Modesty, simplicity, truthfulness!—cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. 9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. 10. Remember always to appear to be doing something—above all when you are doing nothing. 11. With equal, and even inferior talent, the cleanly and genteelly-dressed physician has a great advantage over the untidy one.—*Ex.*

Dr. B. W. Holliday has gone to Europe and will be absent from the city for some months.

Excited wife.—O, John! John! Quick! Stop fumbling behind that bureau and run for a doctor. *Half-dressed husband.*—What's the matter with you anyhow? "Baby has swallowed your collar button." How on earth do you expect me to get ready to go for a doctor without that collar button?—*Omaha World.*

Death from Cocaine Poisoning.—M. Abadie reported a case of death following the hypodermic injection of three-quarters of a grain of cocaine into the lower eyelid to secure local anæsthesia preparatory to an operation for ectropion at a recent meeting of the Paris Ophthalmological Society. The patient was a woman seventy-one years of age, and made no complaint of the operation, but was noticed to stagger on getting out of the operating chair. After being led into an adjoining room she sank down apparently in a faint. Respiration ceased, but was reëstablished by artificial respiration. At the end of half an hour she spoke a few words, but remained cyanotic and sank, and died in five hours from the time the drug was given.

The American Medical Association.—The fortieth annual session will be held in Newport, Rhode Island, on Tuesday, Wednesday, Thursday and Friday, June 25, 26, 27 and 28, commencing on Tuesday at 11 A. M. The following resolution was adopted at the last session: That in the future, each delegate or permanent member shall, when he registers, also record the name of the section, if any, he will attend, and in which he will cast his vote for section officers. A member desiring to read a paper before a section should forward the paper, or its title and length (not to exceed twenty minutes in reading), to the chairman of the appropriate section, at least one month before the meeting. Dr. H. R. Storer of Newport, Rhode Island, is chairman of the committee of arrangements.

The semi-annual meeting of the association of the Bee Line Railroad Surgeons was held in the parlors of the Hollenden, Cleveland, Ohio, Tuesday and Wednesday, April 16 and 17. In the absence of the president, Dr. H. S. Bell of Paris, Illinois, Dr. A. Dunlap of Springfield, Ohio, presided. A number of interesting subjects were discussed, and Dr. J. W. Marses' (of Indianapolis) presentation of the treatment of injuries of the spine was of unusual interest, and the same subject was continued for discussion at the next meeting.

Bumpology.—We were commissioned while in New Orleans, to buy some books for a friend, and entering a book-store, we were confronted by a dude with a ix3 forehead and a toothpick in his mouth. We enquired for 'Bump on Bankruptcy.' Assuming a perplexed, but wise look, the dude scanned the shelves awhile, then walking

slowly toward the rear, he hailed a fellow clerk with, "I say, Ellis, have we got 'Banks on Bumprumncy?'"—*Texas Medical Journal*.

The Cuyahoga County Medical Society.—At the annual meeting Thursday, April 4, the following officers were elected: Dr. Dudley P. Allen, president; Dr. Henry S. Upson, recording secretary; Dr. Guy B. Case, corresponding secretary; Dr. J. C. Preston, treasurer; censors, Dr. C. F. Dutton, Dr. W. T. Corlett and Dr. A. B. Carpenter.

Dr. Baker would be pleased to receive facts bearing upon the subject of "Impaired Vision as the Result of Sunstroke."

The Transactions of the Ninth International Medical Congress have not yet been entirely distributed. There are yet a number of volumes on hand belonging to members who have omitted to notify the secretary of their change of address. On being notified of their present address, the volumes will be sent by express by John B. Hamilton of Washington, District of Columbia.

Hospital the Resort of the Well-to-do.—The Provincial Medical Journal says the hospital is now the resort of the well-to-do. Originally intended for the poor, the hospital has degenerated. The poor have to go to the Union Infirmary or the Parish Dispensary, their place being usurped by the subscribers, who give three or four shillings a year at the mill-yards, clubs, etc. Some of our old charities originally endowed for the necessitous poor have been seized on by the better-to-do classes. Hospitals are sharing the same fate. We do not wonder at the outcry raised by the profession or by its party.—*St. Louis Medical and Surgical Journal*.

Our June and July numbers of the MEDICAL GAZETTE for 1888 are about exhausted. We will pay fifteen cents per copy for a limited number of these journals.

In our last number our printer inserted upside down the electrotype accompanying the advertisement of the *Geneva Optical Co.* We can testify from ten years' experience in dealing with this old firm that they never make such mistakes in filling prescriptions for spectacles.

THE

Cleveland Medical Gazette.

VOL. IV.

MAY, 1889.

No. 7.

ORIGINAL ARTICLES.

MEDICAL EDUCATION.

ADDRESS BY DR. J. D. JONES, RETIRING PRESIDENT OF CUYAHOGA
COUNTY MEDICAL SOCIETY, APRIL 4, 1889.

In 1880, according to the census, there were in the United States 85,071 physicians, or one to every 584 of the population. Since that time the medical colleges have been turning out graduates at an increased ratio, so that at this time there are comparatively more physicians than in 1880. In Canada there is 1 physician to about 1,200 of the population; in Great Britain, 1 to 1,672; in France, 1 to 1,814; in Germany, 1 to 3,000; in Belgium, 1 to 2,048; in Austria, 1 to 2,500; in Italy, 1 to 3,500; in Norway, 1 to 3,480. From these figures we find that there are in the United States 2 physicians to 1 in Canada; 3 to 1 in Great Britain; 4 to 1 in France; 5 to 1 in Germany; 6 to 1 in Italy and Norway. In 1876 the number of medical students in the United States was 10,143; in 1886, 16,407. In 1886, 3,808 students graduated. For this work 119 colleges were in operation: 94 regular, 10 eclectic, 13 homeopathic, 2 physio-medical.

It is evident that the country does not suffer in not having a sufficient number of physicians. Indeed there are probably three times as many as needed. There are too many medical students and too many medical colleges. If two-thirds of the colleges were closed there would then be more than enough to do all the legitimate work required. As there are more medical practitioners than the country needs, no loss would ensue if the source of supply were diminished. Indeed, it would be a positive gain if the standard of medical education were raised. No valid excuse can be given for retaining the present system. I cannot look back with any degree of satisfaction upon the instruction received in my medical course. Having no competent person to advise me, I stumbled in my ignorance and went out to begin practice feeling that I was in no way competent, and after practicing for three years went to Europe to try to remedy the defects of the instruction already received. A more bungling system of medical teaching can hardly be conceived. Having gone through a classical course before beginning the study of medicine, I could not help contrasting the thoroughness of the former with its utter want in the latter course. If the country were suffering for the want of medical practitioners, there might be some excuse for the present order of things; as it is, there is no excuse. The remedy is a radical reconstruction of medical teaching, and the medical profession should undertake it.

First, the student about to begin the study of medicine should be required to pass a preliminary examination. The minimum requirement should include as much as is required in the High school course of this city. Perhaps it would be better to require as much as is included to the end of the sophomore year in the colleges. Special attention should be given to Latin, chemistry and botany. The examination should be thorough. The legislatures of the several states should appoint a board for this purpose. It should also be the duty of this board to examine applicants for practice at the end of the course. This examination would prevent those whose minds are not sufficiently trained, from lumbering the

medical colleges. At present, private practitioners are generally the judges of who may begin the study of medicine. Practically, anybody may begin, no matter how ignorant he may be. When a medical student, I knew a candidate for the degree of doctor about one month before graduation who failed to read a printed prescription because he did not know the signs of apothecaries' weight, which every school-boy in the grammar grades is supposed to know. I think this student did not learn those signs before his graduation.

The course of medical study should be extended to four years. In Italy the course is six years; in Austria, five years; Buenos Ayres, six years; in Great Britain, four years; in Canada, four years.

In Italy the applicant for admission to the medical school must present a certificate showing that he has completed the studies of the lyceum—Greek, Latin literature, Italian literature, history and geography, philosophy (mental and natural), chemistry, mathematics, natural history, mechanics and gymnastics, and has been examined in the higher mathematics, the elements of natural history and Italian and Latin literature. The term of study is six years, in which the studies are distributed substantially as follows :

“ *First year.*—Botany, physics, inorganic chemistry, zoology, comparative and human anatomy and normal histology, with practical anatomical and botanical exercises.

“ *Second year.*—Natural philosophy, physiology, organic and physiological chemistry, human anatomy, with practical, anatomical and physiologico-chemical exercises.

“ *Third year.*—Physiology and general pathology, with practical experiments in physiology and pathological histology.

“ *Fourth year.*—Special pathology, medical and surgical, materia medica, therapeutics, hygiene and topographical anatomy, with dissections, pathological and topographical, and attendance upon medical and surgical clinics.

“ *Fifth year.*—Theory and practice of medicine, obstetrics and diseases of women and children, and ophthalmic diseases,

with medical, surgical, obstetric and ophthalmic clinics, pathological and topographical anatomy, with dissections and surgical operations upon the cadaver.

"*Sixth year.*—Theory and practice of medicine, obstetrics, diseases of women and children, with corresponding clinics as in fifth year, special study of diseases of the skin, of syphilitic diseases, and of mental diseases, for four months each, medical jurisprudence and toxicology."

The above is given for the purpose of showing what the medical course is in Latin countries. Probably an extension of the course to four years would be better suited to this country. There should be an examination in the primary studies at the end of the second year, and the promotion to more advanced studies should depend upon success in this.

The examination should be thorough, then the teaching will become thorough and not before. Lately, at an examination of physicians in Minnesota, the graduates of McGill college, Montreal, passed the best examination. Why should not the teaching on this side the line be equal to it? The reason is apparent. Medical colleges are founded with too great facility. The code of ethics forbids direct advertising. Physicians who want indirect advertising found a medical college. Their connection with it is blazoned over the state. This condition of things must be suppressed by the profession or by the state or by both combined. The medical colleges have too many liberties and too much power. The teaching body should certainly not authorize anyone to practice medicine, neither, probably, should it be authorized to confer medical degrees, at any rate not with such facility as is done in this state.

The course of study should be graded. Instead of having all students, first, second, third and fourth years, attend the same course, each should have separate studies. Of didactic instruction, two lectures a day would be sufficient. When a student, I had to sit from four to seven hours a day to listen to lectures, the substance of which could be learned equally well from books and some of them much better. Instead of a term of four, five or six months, nine months' attendance

in each year should be required. Then it would be possible to grade the studies without cramming; each study could then come in its natural place as the student would be prepared to grasp it. The system of having students of all years listen to the same lectures is utterly absurd. How can a student just beginning, understand histology and pathology, and listen (as I had to) to disputes between the professor of surgery and the professor of the principles and practice of medicine, who quoted learned authorities on one side and the other?

Attendance of two years at a hospital containing not less than fifty beds, should be required of each applicant for graduation. As it is now, the majority of students have no adequate opportunity of studying disease clinically and as they will come in contact with it in actual practice. Students should have the opportunity to examine patients, make a diagnosis each one independently, write a prescription such as would be suitable to the case, make a report, submit it to the professor, let other students criticise it, and finally let the professor point out the merits and defects of these attempts of the students. These attempts should be entered into thoroughly, so that by the time the course is ended, the students will be prepared to begin the practice of their profession with safety to the patient and credit to themselves. With the present system, a man of fine sensibilities is often put in very embarrassing positions at the beginning of his practice; only the man who is too dull to appreciate the situation can feel equal to the emergency.

Pathology should be taught practically. At present too many students begin practice without ever seeing a *post-mortem*, or examining morbid specimens or normal tissue, as for that matter, with the microscope. They have heard lectures on histology and pathology, have listened to descriptions of cells and fibers, but have had no proper comprehension of the teaching, if teaching it may be called.

Obstetrics and gynæcology are very important, not only to the specialist but also to the general practitioner. But the opportunities for studying in connection with most of

the medical colleges are inadequate. Many begin practice without having attended an obstetrical case or having made a vaginal examination. No physician should be put into such an embarrassing position as to begin general practice without having, when a student, attended ten obstetrical cases and also having the opportunity to make vaginal examination and to apply the catheter in male and female patients. It would also be well to see instrumental delivery, even if he has not had charge of the case himself. The student should also learn to use the ophthalmoscope and laryngoscope.

Medical jurisprudence should also be taught somewhat thoroughly. Every physician must be a witness in court whether he wishes it or not. If he have neglected this study, he is at a disadvantage when the lawyers take him in hand, and he suffers in reputation on account of it.

These are some of the points that should be considered by the profession. Sending out so many uneducated and unqualified students to begin practice tends to bring the whole profession into disrepute. We condemn homeopathy and eclecticism so-called, and refuse to consult with their adherents. Why should we not also condemn incompetency in our own ranks? Is not an educated homeopathist much safer for the patient and more agreeable to consult with, than an uneducated regular who does not know the signs of apothecaries' weight?

When the medical profession awakes, the defects of medical education will be remedied. Already there are signs of this awakening. The power of the medical colleges must be taken from them because they have abused it. It was too great to intrust to them in the beginning. If the medical profession is to retain the power of determining who is qualified to practice, let it be lodged with the American Medical Association; if the medical profession is not to have it, let the state attend to it, as is now done in some of the States and as in Canada and in European countries. When thorough knowledge of fundamentals which all schools agree upon, such as anatomy, physiology, chemistry, morbid anatomy,

etc., is insisted upon, the death-blow to quackery will have been struck. In legislation we should seek to attain to this rather than restrain advertising, etc. The public cannot see the justice of the latter, especially when powerful corporations like some of our daily papers derive an income from advertising quacks, but they may be made to see that knowledge is essential to enable us to combat disease successfully, and, if we treat all alike, we appeal to the inherent sense of justice of the people.

Lawyers cannot practice law without passing an examination before the supreme court of the state. Why should medical men be intrusted with the lives of the people without first passing an examination before some competent authority in the state?

THE CONTINUOUS VENTILATION, DRY CLOSET AND CREMATION SYSTEM.

BY THOMAS HUBBARD, M. D., TOLEDO, OHIO.

The practical sanitarian scarcely needs a reminder of the short-comings and failures of the popular method of disposal of city excrement to meet the ever-increasing demands that are put upon it, and the practitioner of medicine is only too often impressed that the common sewer system is influential for evil. But since it is not intended to establish the merits of the system to be described upon a comparative basis, I will spare you the rehearsal of the now historical records of disease propagation that stand charged against the sewer, both in its state of perfect mechanical construction, and still oftener on account of faulty workmanship.

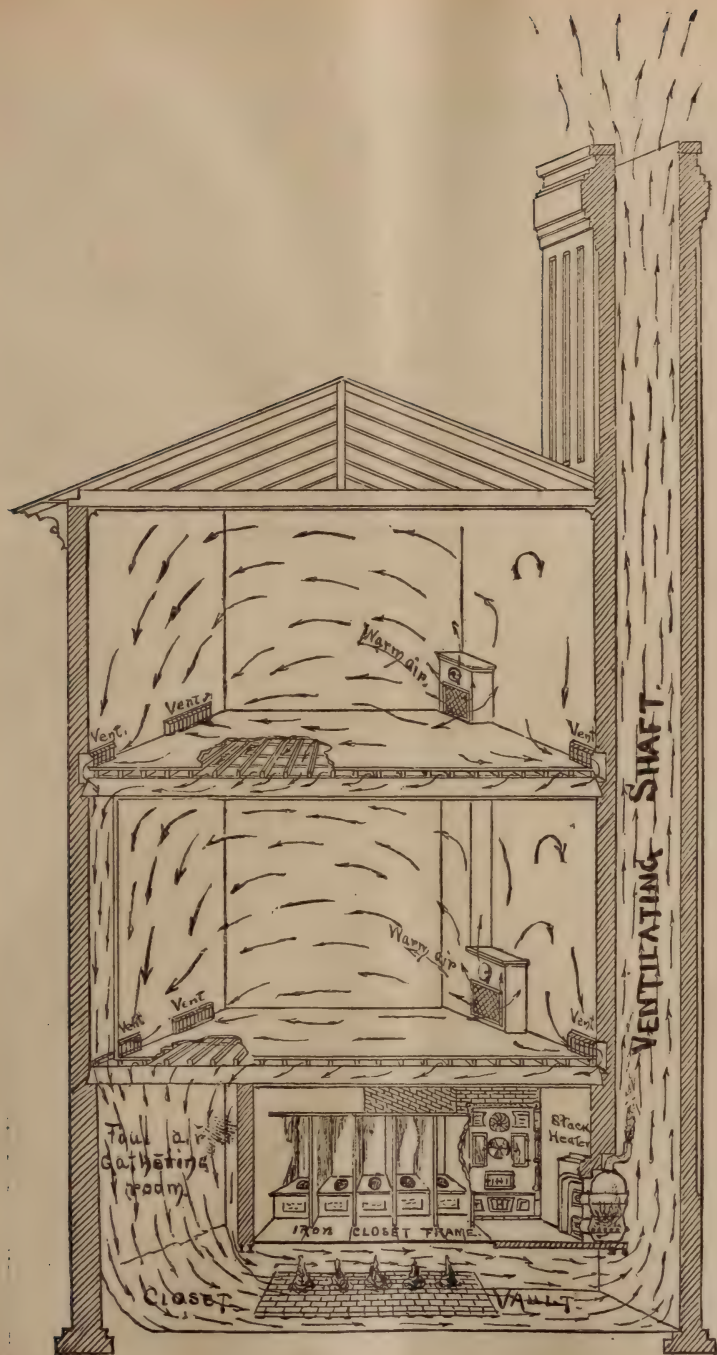
“A new sun has risen in the sanitary heavens!” In the light that it sheds so freely on this dark page of the record of public sanitation, let us read a promise of better things.

The Smead system of ventilation is distinctly a *natural* one, and the same may be most fittingly applied to the dry closet system. Nature’s own method of establishing currents

of air is imitated, and likewise her lessons in practical sanitation are heeded in the disposal of excrement.

We will begin with a description of the ventilation system. Large furnaces, made of cast-iron and steel, having a surface area of 275 square feet, are placed in the basement of the building and surrounded by a non-conducting brick wall. The fresh air from without has free access to this heating surface, and the warm air conduits leading to the rooms above to be warmed are capacious and as free from angles as possible. Each room is supplied with outlets placed in the baseboard, six to eight in number, the area of outlets being somewhat greater than the area of the inlet register. The air passing out by the outlets is conducted under the floor to the so-called "foul-air-gathering room," which is located in the basement (the air from first floor going direct into this room, and from the second floor downward by the conduits between the studding). The "foul-air-gathering room" is in free communication with the dry closet vault, which latter opens at its further end into the great "foul air shaft," extending straight and unbroken from basement to a point above the highest part of the roof. The average section area of the long horizontal closet vault and foul air shaft is $3\frac{1}{2}$ feet by 3 feet, the length of vault varying from 20 to 40 feet, according to the number of the seats. The vault is constructed entirely of brick and iron and the fecal deposit is received on a raised brick platform—the brick absorbing a certain amount of the moisture and giving it off gradually to the air passing above and below it. It may be stated here that, by an ingenious arrangement of a valve in the air conduit from the furnace to the room, continuous ventilation is secured. When warm air is shut off, just in the same proportion is cold fresh air let in, and any temperature can be obtained by a mingling of the two, regulated from the room above.

To complete the outline of the essential features of construction, attention should be called to the so-called "stack-heater"—a small furnace placed in the base of the "foul air shaft."



Fires are lighted in the large furnaces and the air in contact is warmed by direct radiation. The whole system of air conduits is so free that it is impossible to obstruct the flow of air from the time that it enters the fresh air window until it escapes at the outlet of the "foul air shaft." The system may be likened to an immense air conduit curved and expanded in parts, but nevertheless continuous from fresh air intake to the foul air outlet at the top of the stack. As soon as the fires are lighted the air around the furnace is warmed, and as its specific gravity is lessened it is displaced upward by the colder and heavier air crowding in at the fresh air windows. The air circulates in to and fro currents in the rooms above, dissipating a certain amount of its heat until it is in turn forced out of the outlets near the floor, bearing a certain amount of gaseous and organic emanations from the room. The floor is warmed by the outgoing air passing beneath it, and then on through the dry closet vault, evaporating and carrying off the watery portion of the excreta and escaping up the "foul air shaft" to mingle with the air above.

Let us state a few of the principles and give facts subsequently. The air is supplied to the occupants of a room at the rate of 1,500 to 2,000 cubic feet hourly per capita. This is capable of carrying off an equivalent number of grains of moisture (assuming that it leaves the foul-air-gathering chamber at a temperature of about 65° and rel. humid. of 81 per cent.) The maximum capacity is 2,000 gr. to 3,600 gr. The maximum estimated watery excreta from a child is about 10,000 gr. during the school hours. A fair estimated evaporating capacity of 1,500 cubic feet hourly per capita is 15,000 gr. during 10 hours, or over 30,000 gr. for 24 hours, since the current is made continuous during the night as well as day. Hence we see that the volume of air is capable of evaporating many times the ordinary deposit of moisture according to liberal estimates, and this is more than substantiated by the fact figures. Remember also that a cubic foot of saturated air weighs about 4 gr. less than a

cubic foot of dry air at the same temperature, and this is another factor for upward movement in the "foul air shaft."

The "stack-heater" is designed to be used at all times when the large furnaces are not in use, to insure an upward current of air in the shaft. Where the dry closets are put in alone, without the continuous ventilation system, this stack-heater is in constant use night and day.

So much for the relation of the dry closet and ventilation system. Without burdening this paper with theoretical calculations of the capacity and velocity of air currents, a few interesting figures may be given. Let me again call attention to the fact that the movements in the air columns are in direct proportion to the elevation of the temperature in the moving column in comparison with the temperature of the propelling column. The difference of temperature between the whole volume of air in the building, from intake to outlet, and that of the atmospheric air, is the index of rapidity of ascent, friction not being taken into consideration. Here is a sample of many tests. The volume of air entering each of four rooms that ventilated into one common foul air shaft was found to be between 67,000 and 78,000 cubic feet each hour. It should be said that the fires in the furnaces were burning moderately; no fire in stack-heater; outside temperature 55°; velocity of wind on the roof was about six miles per hour. This volume of air entering each room changed the air completely every ten minutes, giving about 1,800 cubic feet per capita hourly to each occupant. The volume of air escaping from the foul air shaft was determined and found to be nearly 300,000 cubic feet each hour. Notice that the amount of air entering the four rooms in connection with this stack was about 295,000 cubic feet per hour. The excess of outflow is partially accounted for by the possibility of some air entering the foul air shaft from the basement through the ventilator of the urinal and any open seats in the closet, and also through an opening into the shaft designed to carry up air direct from the basement.

The two sources to be depended on to cause movement in the air within the building are, the large furnaces and

the small stack-heater. As a result of many tests, I can say that when the former are in operation, the current of air passing through the dry closet vault is at the rate of four to seven miles an hour. This rate varies, of course, with the outside temperature—the lower the atmospheric temperature the better the currents. With an outside temperature above 65°, and the stack-heater alone being depended on to cause upward movement, the velocity in the vaults is between three and five miles an hour.

Is not the statement that the whole system is an imitation of nature well borne out by the facts? Let the skeptical individual step into the so-called “foul-air-gathering room,” and, with torch in hand, see and be convinced. The first thing experienced will be that he feels a decidedly uncomfortable draught from above. The flame is fanned toward the opening in the dry closet vault, and the smoke from a lighted cigar disappears in the onward current. “A foul-air-gathering room!” A misnomer, indeed. It should be called “the chamber of the winds.” And all this while you feel as though you had suddenly become bald-headed, and the air meter tells you that you are intercepting a current of air flowing at the rate of about five miles an hour into and over the vault contents.

But what of the condition of those vaults? Can this be accumulated human excrement? The deposits dry as they fall and before even putrefaction has set in. The decomposition that does occur may be said to be merely a continuation of that already begun in the intestines, and an exposure of twenty-four hours to these drying volumes of air soon checks even that. Compare these closet vaults with a sewer? As well compare the pasture, with its dried “buffalo chips,” with the spring barn-yard and its filthy cess-pool. The dried mass even retains its original form and is more or less completely enveloped in a dried film of mucous and albuminoid matter. No powder is formed in the vaults except it be at the end of a summer’s exposure, and then as the result of insects’ work.

The accusations against the Dry Closet and Cremation

System have, unfortunately, drifted into that newly explored field of pathology, and the "germ theory of disease" is made the weapon of attack. The whole subject is too vague for profitable discussion. Just let me impress a few fundamental ideas. The foul air shafts do not ventilate a vault in any way comparable to a sewer. The decomposition that does take place is not a putrefaction, and drying soon stops even that, and the gases that do escape are quite harmless. The diffusion of such gases is undoubtedly very rapid. I have made the following test: Aqua ammonia and muriatic acid were sprayed into the base of a high shaft, and there escaped from the outlet a dense white cloud. The wind was blowing quite strong and in gusts. The cloud was so diffused at fifty feet from shaft outlet that it could not be seen to one standing on the same level. All tests of this nature must be unsatisfactory because of the infinite number of modifying influences; and the theoretical rate of diffusion, decidedly favorable though it may be, is more than substantiated by common sense and the test of experience.

But we must again enter the "foul-air-gathering chamber," torch in hand, to consummate the crowning test of all. A quart or so of kerosene has been poured over a few of the columns of "buffalo chips" nearest to the chamber. The torch is applied. In a brief space of time the whole closet vault is roaring, and the flames ascend far up the foul air shaft. The larger the accumulation the better it burns, and the deposit of a whole school year will soon be represented by a small quantity of ashes. Cremation is the goal toward which all the popular methods of disposal of sewage matter are aiming. And in this system we have an eminently practical solution of the problem, meeting the demands of the sanitarian, satisfying the most extreme ideas of the bacteriologist, and lastly, gratifying the most economical member of the board of education in its practical operation.

DISCUSSION ON ESSAY: "DRY CLOSET AND CREMATION SYSTEM."

Dr. Charles J. Van Pelt opened the discussion on the

paper. The first introduction of the system into the city schools was during his service as health officer, and he was called on to make repeated inspections of the dry closets. He approved of the principle from the beginning and was pleased to note the many improvements that have been added. He has watched the growth and perfection of the details. The introduction of the stack-heater insures safety and freedom from back draughts. The idea of cremating the vault contents came about as the result of the use of the stack-heater and the perfect desiccation by the continuous currents thus established. He has frequently seen the contents of a vault reduced to ashes in a very short space of time. He further said that it is the only system of inside closets that gives out no odors. Gases will rise in spite of the most perfect water appliances and plumbing. He has examined closets having an expensive mechanical exhaust system and found considerable odor. No practical medical man would entertain the visionary objections urged against the system by the disease germ theorists. If there be any truth in the theory at all, sewers are certainly much more to be feared than the dry closet and cremation system. The gas from a sewer escapes at the ground level and we must constantly inhale it, while the gases from the foul air shaft are delivered high up in the air and reach the lower levels only in a state of great dilution, and are perfectly harmless.

Dr. William C. Chapman said that: After having made a thorough inspection I can say that I consider the dry closet perfect in principle and in its practical operation. I do not think that back draughts are possible with a fire burning in stack-heater. Comparing it with the sewer, I consider that the germs are not destroyed in the latter at all, but simply increase and often ultimately find their way into the drinking water, while in this system they are rendered inert and destroyed by dilution in pure air and the purifying effect of the sun's rays. Toledo has a great many buildings containing the system and we have a minimum amount of typhoid fever, less than in any other large city, which is the kind of evidence that counts in a discussion of this nature.

Dr. Joseph T. Woods said: The explanation of the mechanical features of the system were very interesting to him and are based on sound principles. He regards the warming of the floors by the outgoing current as a most important feature. The old methods of heating warm the head first, and the evils following the state expressed as "hot head and cold feet" result. From personal inspection, "I can assert that I consider the dry closet as near perfect as we can conceive."

Dr. S. S. Thorn: We are all agreed that the heating and ventilating as introduced into our schools is the best. I have no fault to find with it. Now I am a believer in the germ theory of disease to a certain degree, but fail to appreciate the arguments of many who are opposing this dry closet system from this stand-point. Moisture is most favorable to growth of, say, typhoid germs, and I believe that dryness is fatal. I think that persistent desiccation is a most potent germ destroyer. Practically, I am convinced, after a great many years of observation, that typhoid fever is not propagated in this city, although, as has been said, we have a great many dry closets in use here. I repeat that I consider it as infinitely more potent as a germ destroyer and think that the objections raised against it are not well founded.

Dr. James F. Aris said: That as far as typhoid fever is concerned, the statistics show that Toledo has been free from the disease for many years, and hence this part of the evidence becomes negative in character. Absence of the disease goes to prove that it does not propagate the disease, but does not prove that it is a disease germ destroyer.

Dr. George A. Collamore (health officer) said: I have had occasion to examine the High school, an old building into which the Smead system has been adopted. I am impressed with the fact that the details are of great importance, and in all cases careful and watchful attention must be given—avoiding errors in construction and careless operation. I am convinced that where the construction is perfect in its details, the system works perfectly. I see only one possible danger,

and that is from back draughts. I say possible, but I know of no instance where this has been charged against it in this city. Compare the ultimate process, cremation, with the ultimate disposal of sewer contents; in the one, harmless gases, in the other our streams are polluted, and often our water supply is infected. I examined the closets as adapted to an old large school building, and appreciated that it was a difficult undertaking on the part of the engineer. I could detect no odors at all, and made close inquiry of the school-girls who were eating their lunches in the basement room adjoining. If there be any time that one would be apt to detect an odor, it would be under such circumstances, and the simple fact that they did go to that room to eat is evidence conclusive that the closets were odorless. The superintendent told me that he had heard no complaints, and that school attendance was quite up to the average. That disease can be disseminated from the mouth of the foul air shaft I regard as too absurd for discussion. Typhoid fever germs must reach the victim by the stomach and intestines. Nurses in fever hospitals breathe the same air as the patient with perfect impunity and rarely contract the disease. Diphtheria is a disease that seems to demand a moist medium of contagion—moisture is essential to its propagation. The ultimate cremation meets the demands of the most skeptical bacteriologist and the most extreme sanitarians.

Dr. John North asked if the fæcal matter was allowed to remain in the vaults during the summer. He referred to the drying and escape of germs from the shaft outlet as a possible source of danger, but does not consider it an objection of practical value. He would expect that a certain amount of moisture would be deposited under the floor by the outgoing current.

The discussion was closed by the essayist answering Dr. North's question about the condition of the vaults in summer. The cremation is always done at the close of the school year. During the warm school months the stack-heater is constantly in use. The humidity is rarely greater than eighty-one per

cent. rel. humid., and hence the cooling under the floor does not precipitate any moisture.

The remarkably uniform temperature of floor and ceiling, as commented on by Dr. Woods, is a very important feature of the system. The difference between floor and ceiling temperature is not greater than three degrees F.

INTESTINO-VAGINAL FISTULA.*

REUBEN A. VANCE, M. D., CLEVELAND, OHIO.

I desire to present certain details of a case that in some respects is deserving of attention. Immediately after the operation a history of the patient and an account of the procedures resorted to to secure relief were submitted to the Cuyahoga County Medical Society, but at the present time, when the result sought for has been attained and the parts restored, a review of certain points in the case may not be devoid of interest.

The patient states that at the conclusion of her second pregnancy, in March, 1887, her first child then being three years old, some defect occurred after the waters broke that necessitated manual interference on the part of the physician in attendance. That delivery of a dead child was speedily effected. For twenty-four hours she apparently progressed all right; that vomiting and great abdominal pain then developed, and for five days she was considered critically ill. At the end of that time a gush of offensive material passed through the vagina, and after a few hours a mass of slough was discharged from that passage, followed by feculent material and intestinal gases. That the bowels had been obstinately confined since the day preceding delivery, and that, save on rare occasions, all her motions have since that time passed per vaginam. Such, in brief, was the history given me when the patient came under my care in April, 1888.

The vagina was contracted, intensely congested, and bled

*Read before the Ohio State Medical Society, Youngstown, May 22, 1889.

freely when an attempt at exploration was made. Digital examination was accompanied by a discharge of liquid feculent material. After free dilation of the part an examination of the patient in the knee-chest position on the supporting and confining apparatus of Bozeman, with the speculum of the latter, revealed an opening behind the uterus in the superior part of the vagina. Through this orifice liquid fecal material constantly dribbled. The rectum, small and empty, could be felt through the posterior vaginal wall. An examination of the rectum failed to reveal traces of an avenue of communication between any accessible part of the large intestine and the vaginal fistula. The patient was emaciated to an extreme degree; she had evacuations of hard white concretions from the large intestine at intervals of ten days to two weeks; and the ingestion of food or drink was speedily followed by a marked increase of the flow of feculent material from the vagina.

During the first fortnight after the patient came under my care an effort was made to pack the vagina for the double purpose of effecting dilatation of the contractions and to divert into its natural channel the materials voided. In a measure both ends were attained: the contractions yielded somewhat and the bowels moved spontaneously on one occasion, but the discharge was much smaller in quantity than that which, despite every effort, accumulated in the vagina and demanded the removal of the dilating plug. The patient suffered so much that this plan had to be abandoned.

The only way in which the fistulous opening could be satisfactorily explored and its nature determined was by the use of Simon's speculum. It could then be examined with the finger and the fact ascertained that there were two openings—one large, with its mucous membrane thick and protruding, and the other small and contracted, with a sharp semilunar fold between the two, projecting to a level with vaginal orifice. Touching the large opening provoked a flow of liquid feces; no material could be felt within the small orifice and at no time was anything observed to be discharged from it.

This examination afforded evidences which clearly revealed the character of the original lesion, the nature of the processes leading to the present state of the patient and the morbid anatomical condition demanding relief in order to effect a cure. Although analogy and custom require that lesions implicating the vagina and adjacent organs should be called fistulæ, and this case as one in which the intestine and the vagina are involved should be called an intestino-vaginal fistula, yet in reality it was one of preternatural anus located in the roof of the vagina. The sharp semilunar septum situated between the two openings leading into the intestines settled this point beyond a doubt. The history of the case is perfectly consonant with a laceration involving the vaginal dome with protrusion and sloughing of a fold of intestine; and no other hypothesis will explain all the facts in the patient's history.

The first step necessary was the destruction of the septum. This I determined to accomplish with a Dupuytren's enterotome. This was procured for me by Mr. Hessler from Tiemann's, the latter part of April. The following day I placed the patient in Simon's position, introduced the blades of the instrument, and then, to my chagrin, discovered I could not lock the enterotome. The operation was necessarily postponed and Mr. Hessler's assistance invoked. He modified the lock of the enterotome in a short time, and on the next occasion my efforts proved successful—an inch and a half of the septum was grasped and firmly compressed in the jaws of the instrument. On the sixth day the enterotome was disengaged—a small amount of slough came with it. The reason it was unloosened and not allowed to slough out was owing to violent colicky pains that portended a speedy moving of the bowels through the natural passages. During the time the instrument was attached, there was a constant flow of feculent material from the vagina; a few hours after its removal a small amount of feces of natural appearance was voided from the rectum. No great amount of distress was experienced from the action of the instrument, and what the patient did suffer from was more owing

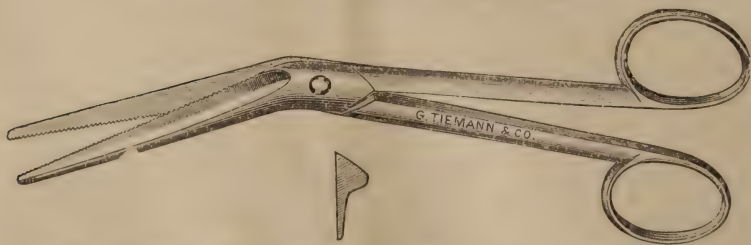
to the presence of the handle in the vulva than the blades in the bowel. Large quantities of very hot water were injected into the vagina thrice a day after the removal of the enterotome, and no examination attempted for a week.

The fistulous opening was then found much smaller than before; no trace of intestinal mucous membrane was discernible, and when the finger was inserted no septum could be felt, but the parts seemed firm and gave much the same sensation as that yielded by forcing the end of the finger into a small thimble. Although feculent material was still voided constantly, it was much less in amount than before, and the bowels could be made to move through the natural channels by the aid of cathartics.

The next step was to denude the edges of the orifice and close the fistula with silver sutures and a Bozeman button. The patient was operated on in the knee-chest position and the opening closed with seven sutures. This was done May 15, 1888. On the twenty-first the button was taken off and the wires removed. Hot water injections were used twice a day after the operation. It was thought best to keep the bowels freely soluble with mercurial cathartics from the day of the operation until the week after the sutures were taken out. The recovery was rapid and perfect. I have seen the patient recently and she remains well.

NEW NASAL SCISSORS.

BY DR. W. H. KINNIER, DUBUQUE, IOWA.



These scissors were made for me a short time since by Messrs. George Tiemann & Co. They are excellent for trimming the nasal cavities, but are more especially de-

signed for cutting a narrow strip from the lower border of the inferior turbinated bone when there is hypertrophy of the bone itself or the soft parts covering it to such an extent as to fill up the lower channel of the nose. The cutting blades are long and narrow, 7 centimeters in length, 2 millimeters wide at the point, and only 5 millimeters in width at the joint or widest part, while the thick quill back makes them sufficiently strong to cut through both soft tissues and bone at one snip, and the serrated edges produce only trifling hemorrhage. When it is only desirable to remove a strip of soft tissue I use them in preference to the galvano cautery, and when it is necessary to take both the bone and soft parts, I push them backward toward the post-nasal space sufficiently far to include the entire strip to be removed and cut it all at one snip. This is what Woakes uses his guiding forceps and plough to accomplish and what I have heretofore used a saw and forceps for, but it is not always easy to cut a very narrow strip from the free border of this bone with a saw, for the tendency is for it to slide off the edge of the bone unless more bone is taken than is desirable, and then there is too much destruction of substance. In addition to these advantages, the scissors do not appear so formidable to the patient, and this diminishes the mental shock and converts what is frequently considered by many patients a severe operation into a trifling matter.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

ONE DOLLAR PER ANNUM IN ADVANCE.

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Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

MEDICAL LEGISLATION AND MEDICAL EDUCATION.

These subjects continue to call forth the efforts of essayists and speech-makers. On page 267 will be found the annual address before the Cuyahoga County Medical Society from the retiring president, Dr. J. D. Jones, discussing the subject. We have at hand a communication which was written for our original department by a hitherto "mute inglorious Milton" of the profession. We hope its author may forgive us for introducing it instead in this editorial, and assure the reader who may be frightened at its apparent length, that he will find its ingenuousness quite charming and its logic almost overpowering. Viewed from our stand-point, it constitutes one of the strongest pleas for advancing medical education we have met on paper, and may accomplish good in a way that even its author never hoped for.

PRINCIPLE VS. PRACTICE.

What I say in this discourse is said more especially to those who are engaged in the practice of medicine, in its several departments ; and, if carefully read, will, no doubt, be a benefit to many others. This is my first attempt to write for a medical journal, and if published in the journal written for (THE CLEVELAND MEDICAL GAZETTE), will be read by many who have abilities far superior to mine. But, nevertheless, among the many who have contributed much valuable literature to this journal, others yet unknown to its readers may be able to offer valuable remarks. When a man undertakes to write for a journal, he certainly has something in view to write about. Now my object in writing at this time is to offer some additional remarks pertaining to the long-agitated question, HOW TO REGULATE THE PRACTICE OF MEDICINE IN OHIO BY LEGISLATION. This is an important subject, and requires candid and thoughtful deliberation. One of the main things seems to be, *How shall we get rid of quacks ?* Now follow me along carefully, and I will answer this question clearly, and show the best and probably the only way this can be done. When legislation has failed so often in regard to quackery, in the attempt to regulate the PRACTICE OF MEDICINE, this will never make quackery *any less*. The legislature should regulate the STUDY OF MEDICINE and not its practice, which I will make very clear as I pass along. I have been in the practice of medicine for thirty years, and have seen a considerable amount of that unfortunate element in the practice of medicine and surgery, and also in many other departments.

We have THREE prominent medical ethics in this country, all of which have an equal right to practice medicine and surgery, to build colleges, teach their students and *graduate* them ; and all three have quacks!! Where do the quacks come from? THE DOCTORS THEMSELVES ARE MAKING THEM BY THE DOZZEN! And as long as they do so we will have them plenty. Do not think me impertinent ; I have no desire to hurt the feelings of any, but feel assured that *Magna est veritas, et prævalebit*. We can never get rid of quacks as

long as doctors are allowed to make them. Nine out of every ten quacks have a diploma!! Yes, sir, and take a greateal of pains to display it. Some even have *two*. Some colleges, not many, have them for sale, as I will show you in another part of this discourse. Physicians have asked *too much* of the state legislature from time to time in regard to this medical question, and therefore have but little done. Many very good acts might be passed that would ultimately prove to be *unconstitutional*. Physicians are too indiscrete in their selection of students; this makes quacks. We should be very particular in the qualification of our students, both in a literary and moral sense. We should never take a medical student under twenty years of age; he should be well educated; at least, sufficiently to teach all the common school branches as provided for by the laws of the state; we should be particular in regard to his moral character, his natural ability and even his very looks. But few men are calculated to make good physicians and hence the importance of our careful selections. This rule I have *always* adopted and, therefore, have never made a quack. This rule adopted, and quackery, drunkenness and dissipation among doctors will soon be banished from the state. Now, as promised, let us see where the quacks come from. The old time-honored school of medicine calls itself REGULAR, other schools it calls IRREGULAR. How wonderfully close young graduates will adhere to their training! This I write more especially for *their* benefit, than I do for older physicians. I prefer dividing medical schools like Sam Kirkham's VERB, into *regular*, *irregular* and *defective*!

In my description of these divisions I will be explicit. We do not wish to divert the Regular School from its name, nor do we wish to change the name they gave to others: a short description then will be given of each of the two, and a more lengthy one of the "Defectives." The Regulars are the Allopathic physicians (a name derived from two Greek words, and means "*other affection*"). That is, the Regulars originally claimed to cure diseased action by inducing a *different kind of action*, not necessarily a disease. Homœ-

opathy (from two Greek words) means "*like disease*," and was thought by its founders to cure disease by the act of medicine upon a man in good health being *like the disease* they wish to cure in the man in bad health. The Eclectic system of practice (Eclectic—from the Greek) means *selected or chosen from others*. These last two and the physio-medical constitute the *Irregulars*. This arrangement will open up a more comprehensive view of the subject. When any great subject is divided up into many notions, theories and parties, it will *always* create strife. As an example, we will say, Politics, Religion and Medicine. Look at Politics—a perpetual quarrel; look at Religion—a continual contention; look at Medicine—taught and trained to *repel* each other. Now these points being made plain, will bring us at once to consider the best way to get rid of Quacks. As soon as doctors in their state associations agree to drop the name of Regular, Eclectic and Homœopathic, and be called DOCTOR, which the people generally apply to them, and be friendly to each other, as they should be, and to everybody else, we could soon adopt a plan to get rid of quacks. But let me put you in mind just now, that we will never do it until some such course is adopted. This is the general view that intelligent men and women take of it. I was educated in Starling Medical College, Columbus, Ohio, a college that stands on a level with any college in the state, its diplomas being well received in any state in America. Some of our professors at that time taught us carefully to have nothing to do with any doctor that was not a Regular physician. This part of the course I would never comply with. It is bad teaching! I had the pleasure to visit and attend the last week in a course of four weeks *free*, at the Eclectic Medical Institute of Cincinnati, Ohio, which I think a very fine medical school; and their professors advised the class to recognize and treat with respect every well-read medical gentleman whom they met, no matter from what school. This kind of teaching suits me well. What do you *all* say to that? Is not this the better way? I can assure you it is *my* way of doing; and should be done by you all. Every

man should be ashamed of himself when he thinks himself better than anybody else just as good as he is. Let us all recognize each other and be kind one to another, and see how quackery will soon be banished from among us. (In speaking of this friendship among physicians, I mean well-read medical gentlemen.) I advise all to have nothing professionally to do with a medical quack. I will now give a few remarks on medical training, legislation, etc., and then close by remarks on the Defective doctors.

I am opposed to the *lecture* system of teaching in our colleges; it never was a good plan of teaching, and never can be. I am only giving my own views, but certainly have a right to. Let our medical colleges receive no students unless qualified fully as well as I stated above: each college to have *four classes*, arranged as may best suit the faculty—say into A, B, C and D classes—and be taught by *recitations* just as in other institutions of learning, adopting a certain class of *text-books*; then see that every student passes through or shall have passed through each class, from the lowest to the highest, with credit. Make the examinations pretty thorough and no man will be annoyed with a half-trained student at the final examination. We will then have the pleasure of seeing our diplomas given to DOCTORS, and *not* to quacks. A four years' course in our colleges is the least that we should adopt, and one year for each class as they come up. This course adopted would soon obtain legislation to make it a law whereby we would soon wipe quackery out of the states. We would then need no state board of examiners; we need none *now*; they can be of no benefit in this matter while our doctors still make quacks. I saw one very fine man taken from his shoe bench and transformed into a doctor with a diploma from a medical college in this state, all inside of *six months' time*. His preceptor also had a diploma! I have seen several young men, whose education was so limited that they could scarcely parse an English sentence, taken in by doctors to study medicine, and in two courses of lectures, all inside of *two years*, receive a diploma and commence practice—entirely unqualified for the honorable position.

We have a large class of doctors who are "*defective.*" They are found in *all* the medical schools!

When we see doctors give *quinine* in every case of sickness and for every pathological condition, they are defective; when we see them staggering about the streets drunk, they are defective; when we see them bandage a limb and declare it to be fractured when it is not, they are defective; when we see them drinking, gambling, cursing and swearing, lying about each other and rioting, *surely they are defective*; when we see them refuse to counsel with others equal and better read than themselves, they must be classed with the defective; when we see them open their mouth wider than their eyes and halloo "quackery" about every school but their own, that is a strong evidence that they are defective. Gentlemen, in none of these things can I be called defective; I despise such a course. Taking these things as stated, let me appeal to *all*, be not defective; be kind and pleasant to each other; not dogmatized, but free thinkers; study your profession well, aim for high attainments, hold yourselves above reproach, and see how nice we will soon be free from quackery. I close with my best wishes to all.

The writer of the foregoing and Dr. Jones are alike in their evident sincerity, and, like a great number of their brethren, earnestly desire an improvement upon the present state of things. But a notable difference between them is their standard of medical education. The one thought it necessary to take a literary college course, then the required course in a medical college, supplemented with travel and study abroad. The other glories in his ability to parse an English sentence, with other branches of learning to match, his graduation at Starling Medical College and his subsequent researches during the last week, in a course of four weeks, free, at the Eclectic Medical Institute of Cincinnati.

Now the question is, What standard of medical education will satisfy the profession?

Both these gentlemen lay the greatest blame for ignorance and incompetence and consequent quackery upon the med-

ical colleges, whereas, having given any thought to the matter, they should see that the blame as well as the remedy lies with the profession.

It is true that there are many medical colleges which have no sound reason or even laudable excuse for their existence, but it is equally true that they could not exist if the profession did not patronize them by sending them students.

When the profession appreciates this fact, elevates to a proper level its ideas of a standard of medical education and sends its students to the school which, having the best facilities and taking adequate time, accomplishes the most thorough teaching, and sends *no* students to those schools offering inducements of any other character, this evil of incompetency in the profession will be remedied. There will be no need of invoking the state to suppress superfluous schools or to appoint an examining board to sift out the unqualified among graduates before allowing them to practice.

Then all the legislation required would be a law compelling all practitioners to register their diplomas, and such a law by a determined effort upon the part of the profession might be secured.

THE DRY CLOSETS IN THE CENTRAL HIGH SCHOOL BUILDING.

There has been great excitement in the neighborhood of the Central High School building, created by sensational articles published in one of the leading daily papers of this city.

This building was erected in 1876. Architecturally it is quite satisfactory. The recitation rooms are large and well lighted, but the ventilation of the building has always been unsatisfactory. For a number of years complaints were made of the plumbing, and foul odors were constantly finding their way into the recitation rooms from the water-closets in the basement.

In 1887 the health officer, Dr. Ashmun, sent a communication to the Board of Education stating that the Central High School building was in an unsanitary condition, and

that the water-closets must be removed from the building and some other system introduced. The Board of Education finally decided to introduce the "Smead" system of dry closets, which were put in the building in 1888. Soon afterwards school opened and it was found the odors were more noxious than ever. Mr. Smead was given a few days to remedy the matter or the closets were to be taken out. It was found that the old ventilating stacks, which were already in the building and were made use of, were not high enough, and that when the wind blew in certain directions it curled down over the roof, thus creating a reverse current into the building. This was soon remedied by raising the stacks twenty feet higher. Since this time no complaints have come from the school-room of bad odors, although there has been the usual amount of headache due to imperfect ventilation.

But the troubles of Mr. Smead arose this time, not from within, but from without. In order to make this clear it will be necessary to go back to the first introduction of the dry closets into the building. At that time a clipping from some obscure so-called health journal, published by a Seven-day Adventists' association up in the wilds of Michigan, calling attention to the dangers of the "Smead" system of disseminating diseased germs from the top of the stacks, together with a petition objecting to the introduction of the dry closets, was industriously circulated in the neighborhood of the High School building and signed by many residents of that locality. But the Board of Education, which contains several physicians, after carefully investigating the matter, came to the conclusion that this danger was purely imaginary, and proceeded to put in the closets. The present trouble is a continuation of the old fight. When no further objections could be made to the sanitary condition of the closets, attacks were made upon the system as causing sickness in the community, due to the noxious gases escaping from the ventilating shaft. Reporters were industriously sent from house to house, and every case of sickness, from attacks of measles to whooping-cough, was

attributed to the "Smead" system. Professor Foote, who died before the system was introduced, was enumerated among the victims; and the recent death of the principal, Professor Campbell, who died of apoplexy, has proven an unanswerable argument in newspaper circles as to the dangers of the system. Indignation meetings were held and petitions presented to the Board of Education until they were finally, in deference to public opinion, compelled to order the closets out, and temporary ones were erected outside of the building.

The average attendance of pupils at the High School has been slightly higher since the introduction of the dry closets than during the previous four years. The death-rate, as revealed by statistics in the health office, is considerably less in the neighborhood of the High School than the average for the entire city. The Smead system is in full operation in many other school buildings in parts of the city much more densely populated than in the neighborhood of this building; and no complaints have been made from the residents about the dissemination of noxious odors from the ventilating stacks.

Since the temporary closets have been erected, and foul odors are smelt in reality, the health office has been besieged by the same residents of this locality, and the health officer requested to call a meeting of the representative physicians of the city to investigate the matter. At the second meeting of the physicians, the following resolution was adopted by a vote of thirteen in favor, and three against the resolution:—

That the Smead dry closet system as used in the Central High School of this city is the best method known to us;

That a return to the water-carriage system would be to increase, rather than lessen, the dangers of disease-breeding in the building and neighborhood;

That improved ventilation of the Central High School building is imperatively demanded, and would, in our opinion, remove most if not all the causes for complaint.

From a scientific stand-point, the following objections have been urged against the system: First, The possibility of back draughts. Second, The possibility of disseminating diseased

germs from the top of the stack. Third, The improper ventilation of the building during the summer months, when the furnace is not in operation, and the doors and windows open.

If any of these objections are proven to be valid by scientific experiments and investigations, the system could very easily be modified to meet all requirements. The following suggestions are offered as modifications which might be made, and thus forestall all criticisms :

First, as to back draughts, which under ordinary conditions are impossible, they could be remedied very easily by a system of automatic valves, thus making such currents impossible. Second, as to the possibility of the dissemination of diseased germs from the top of the stack, our present knowledge of the subject of bacteriology would lead us to believe improbable, yet this could be remedied by causing the air to pass through actual fire instead of over it as now, thus effectually destroying all germs. Third, as demonstrated at the meeting of the physicians in the Waring School building, it seems that during the summer months, when the doors and windows are open, there may be a reverse current of air from one room to another, and it seemed to be the impression of many of those present that it would be an improvement in the ventilating system to have each room connected separately with the foul-air-gathering room.

THE NORTHEASTERN OHIO UNION MEDICAL ASSOCIATION.

The Union Medical Association of Northeastern Ohio met in its seventy-second quarterly session in Biddles' Hall, Ravenna, May 14, with the president, Dr. A. W. Ride-nour of Massillon, in the chair. The corresponding secretary being absent, Dr. L. E. Sisler was elected secretary *pro tem.* After the minutes of the previous meeting had been read and approved, the corresponding secretary read a letter from Dr. R. Harvey Reed of Mansfield, explaining his re-

lations to the society. After a spirited discussion the president ruled that Dr. Reed stood "dropped from the rolls by reason of non-payment of dues." An appeal was taken from the chair's decision, but the president was sustained.

The Committee on Publication offered the following resolution, which was adopted: Resolved, that in the future all essays, lectures, retiring presidents' addresses, papers and written reports of cases be referred to the Committee on Publication, as suggested in Dr. Loughead's retiring address; so as to be published in some medical journal rather than in the secular press.

In the absence of the Committee on Admission, Drs. Starr, Loughead and Miller were appointed *pro tem.* and the following were recommended and elected: Drs. L. G. McConnell of Northfield; C. A. Heddleston of Atwater; F. A. Applegate of Windom; J. H. Tressle of Alliance; W. G. Smith of Palmyra, and W. W. Leonard of Akron.

A Clinical Committee, consisting of Drs. Loughead, Scott and Fisher, to whom had been referred a patient presented by Dr. Smith, reported the disease to be one of ankylosis of dorsal spine, due to injury received years ago.

Dr. T. Clarke Miller delivered an address on the nature and treatment of child-bed convulsions, which was discussed by Drs. Baker, Harmon, Hitchcock, Brashear, Belden, Everhard, Loughead, A. M. Sherman, Ridenour and Fisher.

After the noon recess, Dr. A. E. Foltz read a poem "Old Foggy," which was referred to the Committee on Publication. Dr. Hitchcock reported a case of brain disease of obscure origin and it was discussed by Dr. Brashear. Dr. C. L. Leonard reported a case of vaginismus. Dr. Harmon reported three cases of rheumatic stiffening of the knee-joint, and the cure was discussed by Drs. Underwood, Smith, Leonard and others. Dr. Leonard reported a case of tumors of the brain occurring in a child of six years, and exhibited the four morbid growths.

Appointments for the next meeting were made as follows: Essayist, W. C. Jacobs, Akron; alternate essayist, T. J. Reed, Massillon; lecturer, J. Waggoner, Ravenna; alternate lec-

turer, B. B. Brashear, Cleveland. Reports of cases, Drs. F. P. Russell, Suffield; X. C. Scott, Cleveland; G. Wuchter, Wadsworth; G. L. Starr, Hudson; W. J. Underwood, Akron; H. G. Sherman, Cleveland; H. M. Fisher, Akron; L. G. McConnell, Northfield.

The topic for discussion will be: "Have We a New Type of Fever?" by Dr. W. A. Knowlton, Brecksville; alternate, W. S. Hough, Cuyahoga Falls.

Adjourned to meet in Akron, August 13.

THE OHIO STATE MEDICAL SOCIETY.

The session of 1889 was held at Youngstown, May 22, 23 and 24. The proceedings of the first day were opened at 2 p. m. with prayer by Rev. J. M. Crafts, D. D., pastor of Trinity M. E. Church; Dr. P. S. Conner of Cincinnati in the chair. Dr. John McCurdy, chairman of the local committee on arrangements, was called upon for a report. He extended to the members of the society a most cordial welcome, and called attention to the various industries of Youngstown and the rapid growth of the city, and announced that carriages would be in waiting at any time to carry members of the society to the various places of interest.

Secretary Collamore read his annual report. It showed that the membership was 576, a net loss during the year of 11. The following members died during the past year: J. D. Daugherty of Dayton; L. Firestone, Wooster; J. C. Thompson of South Bloomfield; D. Halderman of Columbus, one of the vice-presidents; Joseph Turner of Nevada; J. W. Underhill and E. Williams of Cincinnati, and R. C. Russ of Hillsboro. The following auxiliary societies are deceased since the last report: Athens County Medical Society, aged twenty-three years; Academy of Medicine of Delaware county, two years; Clark County Medical Society, twelve years; Defiance County Medical Society, eight years; Knox County Medical Society, twenty-six years; Morrow County Medical Society, eleven years, and Stark County Medical

Society, thirty-seven years. The death of these societies is attributed generally to apathy, although some were caused by the lack of harmony. All of the auxiliary societies, except those of Lake and Monroe counties, have sent in their reports.

The consideration of the defunct societies was assigned to the committee on admissions.

The committee on finance recommended that the assessment for the coming year be two dollars, which was adopted.

Nearly all the papers upon the programme were read during the meeting, and in addition a number of volunteer papers; also a poem by Dr. Battles of Shreve, Ohio.

The scientific work of this meeting was not any better than the average of previous meetings, possibly no worse.

Some of the papers read gave evidence of considerable research and care in their preparation.

A few of the discussions were exceptionally good, especially the one on the papers presented by Drs. Goodhue and Allen on "Diseases and Injuries of the Head."

A committee was appointed to investigate the different treatments, climatic and otherwise, advocated as cures for consumption, and report at the next meeting. The committee consists of Dr. J. E. Woodbridge of Youngstown, Dr. H. J. Herrick of Cleveland, Dr. T. D. Case of Ashtabula, Dr. J. T. Whittaker of Cincinnati, and Dr. D. N. Kinsman of Columbus. An amendment to the constitution was adopted, providing that in counties where there were no local medical societies, resident members shall not be required to be members of an auxiliary society before becoming members of the Ohio State Medical Society. A committee was appointed, of which Dr. T. A. Reamy of Cincinnati is chairman, to consider that portion of the president's address referring to the organization of county societies and their relation to the State Medical Society. Dr. John McCurdy of Youngstown was elected president; Dr. George A. Collamore of Toledo was re-elected secretary; also Dr. T. W. Jones of Columbus, treasurer and librarian.

The charges preferred against a Mansfield doctor for news-

paper advertising were summarily disposed of by the committee on ethics, who reported that he was not a member of the society.

A very pleasant amateur musical entertainment was given in honor of the members of the society in the opera house, on Thursday evening. The house was comfortably filled with the visiting physicians and the residents of Youngstown.

The attendance at this meeting of the society, as was to be expected from the inaccessible location of Youngstown, was not large—probably not more than one hundred and thirty were present—many familiar faces being absent, but their absence was partially compensated by a number of new ones of physicians from the northeastern part of the state.

It is to be regretted that the profession of Youngstown did not take a more general interest in the meeting. Not more than eight or ten out of the fifty or sixty doctors in the city were in attendance upon any of the sessions.

Altogether, the visiting members returned to their homes with pleasant recollections of Youngstown. The rapid growth, good buildings, well-paved streets, street-cars, immense manufacturing establishments and the general appearance of a thriving city were constantly observed and remarked upon by the visiting members of the society.

NEW BOOKS.

'LECTURES ON THE ERRORS OF REFRACTION AND THEIR CORRECTION WITH GLASSES.' Delivered at the New York Post-Graduate Medical School, by Francis Valk, M. D. G. P. Putnam's Sons. 1889. New York.

This decade has been a most prolific one in the bringing out of new works on the subject of refraction and accommodation. Early in the eighties, Dr. Morton published his excellent little monograph on the "Refraction of the Eye," which has already passed through a number of editions. This was soon followed by Hartridge on "Refraction of the Eye," a somewhat more elaborate work, which has also reached its second edition. Then came the large work of Landolt, which will prove a mine almost as valuable for future authors to draw from as the classical Donders. Still more recently, our countryman, Dr. Swan M. Burnett, issued his work on astigmatism. And now comes another work by an American, in the form of 'Eleven Lectures on Refraction.' American ophthalmologists have not been very profuse in the production of books, but we are informed that this is the first of quite a series of works which will soon appear from the oculists of New York city. And we can only hope that the coming ones will prove as satisfactory as this.

The titles of the lectures are: Anatomy, Refraction, Emmetropia, Hypermetropia, Myopia, Ophthalmoscopy, Muscular Asthenopia, Astigmatism, Retinoscopy, Presbyopia and Illustrative cases. Each lecture is well finished and rounded so as to present a complete picture of the subject under consideration. The lecture on retinoscopy is one of the finest and most intelligent presentations of this subject by an American writer. The illustrations are numerous and well executed. No student of the errors of refraction and accommodation can well afford to be without this book.

A few slight errors have crept in, as always do in the first edition of a work of this kind. On page 15, in giving the

layers of the cornea, the posterior epithelium, or fifth layer, is spoken of as *Descement's* membrane, while anatomists usually describe the fourth layer or the posterior elastic lamina as Descement's membrane. Also on page 17, in speaking of the *fovea centralis*, it is said to be composed of *rods* and cones, while the author undoubtedly intended to say of *cones* alone.

'AN ELEMENTARY TREATISE ON HUMAN ANATOMY.' By Joseph Leidy, M.D., LL.D., Professor of Human and Comparative Anatomy in the University of Pennsylvania. Second Edition, rewritten. 350 pages, with 493 illustrations. Philadelphia. J. B. Lippincott Company. 1889. Price, \$6.00.

Nothing will give greater pleasure to those students who have listened to Professor Leidy's lectures or who have used the former edition of this excellent work as a text-book than to welcome this new edition. It would transcend the limits of space at our command to attempt to make an exhaustive review of the work, and we must content ourselves to quote from the preface :

"Twenty-eight years have passed since the publication of a former edition of the present work, entitled 'An Elementary Treatise on Human Anatomy,' and it is at the repeated solicitation of medical students, who have been pupils of the author, that another edition has now been prepared. With the excellent and admirably illustrated text-books on the same subject from the English press, such a work may seem to be inferior and superfluous; but the experience of the author as a teacher leads him to believe that our students generally desire, if they do not require, such a treatise as he has attempted to provide them.

With the view of facilitating the study of anatomy and its commitment to memory, in the employment of the multitude of necessary technical terms, as a rule, one name for an organ or part is used, and that one selected which is simplest and most expressive of its character. The name, also, as far as may be permitted, is rendered into English. Many phrases in common use as names have been curtailed of what have appeared unnecessary portions, and sometimes the adjective portion of the phrase has been retained, in

preference to the substantive portion, where for various reasons it has seemed more appropriate. When names of persons are applied to parts, they are generally avoided and others in all respects better adapted to the purpose are used. Some further attempts have been made to improve the nomenclature, and it is hoped that the experiment may prove successful in helping the student in acquiring a knowledge of the subject. While the author regards with favor the proposed improvement in anatomical nomenclature of able authorities, he has not followed them completely, in apprehension that, with the prevalent nomenclature, a radical change would confuse rather than facilitate the study of anatomy.

'THE PSYCHIC LIFE OF MICRO-ORGANISMS: A STUDY IN EXPERIMENTAL PSYCHOLOGY.' By Alfred Binet. Translated from the French by Thomas McCormack, with a preface by the author written especially for the American edition. Chicago. 1889. The Open Court Publishing Company. Cloth, 75 cents; paper, 50 cents.

M. Alfred Binet, the collaborator of Ribot and Féré, and one of the most eminent representatives of the French School of Psychology, has presented in the above work the most important results of recent investigations into the world of Micro-Organisms. The subject is a branch of comparative psychology little known, as the data of this department of natural science lie scattered for the most part in isolated reports and publications, and no attempt has hitherto been made to collate and present them in a systematized form.

Especial use has been made of the investigations of Balbiani, Claparède and Lachmann, Maupas, Ribot, Engelmann, Pouchet, Weber, Pfeffer, Kent, Dujardin, Gruber, Nussbaum, Bütschli, Lieberkühn. The cuts, eighteen in number, are illustrative of the movements, nutrition, digestion, nuclear phenomena and fecundation of proto-organisms.

The most interesting chapters are those on fecundation, which demonstrate the same instincts and vital powers to exist in spermatozoids as are found in animals of higher organization.

M. Binet's researches and conclusions show, "that psychological phenomena begin among the very lowest classes

of beings ; they are met with in every form of life from the simplest cell to the most complicated organism." The author contests the theory of the distinguished English scientist, Professor George F. Romanes, who assigns the first appearance of the various psychical and mental faculties to different stages or periods in the scale of zoölogical development. To M. Binet there is an aggregate of properties which exclusively pertain to living matter, the existence of which is seen in the lowest forms of life as well as in the highest.

PAMPHLETS.

[In most cases anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

- (1) 'NINTH ANNUAL REPORT OF THE ILLINOIS STATE BOARD OF HEALTH.'
- (2) 'SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF OHIO.'
- (3) 'ANNUAL REPORT OF ST. MARY'S HOSPITAL, CINCINNATI, OHIO.'
- (4) 'REPORT OF THE COMMITTEE ON THE POLLUTION OF WATER SUPPLIES, APPOINTED BY THE AMERICAN PUBLIC HEALTH ASSOCIATION.'
- (5) 'SIXTEENTH ANNUAL REPORT OF THE HEALTH DEPARTMENT OF THE CITY OF CLEVELAND, OHIO.'
- (6) 'FOURTH ANNUAL REPORT OF THE NEW YORK CANCER HOSPITAL.'

(1) This report is characterized by the same careful, painstaking labor which has made the work of this board not only of inestimable value to the state of Illinois, but to the entire country as well. The supreme efforts made by Dr. J. H. Rauch, as secretary of this board, in the interests of a higher standard of medical education and in the suppression of quackery, have, to a certain extent, called attention from the excellent work in other directions, to which this report is very largely devoted. In addition to an abstract of the proceedings of the annual, special and quarterly meetings of the board, the volume contains a report of the State Sanitary Survey, Vital Statistics of Illinois and Coroners' Inquests, Meteorological Tables and Report on State Medicine for 1886.

(2) This work contains much valuable matter, a large part of the book being devoted to the answering of questions sent by a circular letter to a physician in each town of the state.

(3) The hospital is under the charge of the Sisters of the Poor St. Francis. There were one thousand nine hundred and fifty patients admitted during the year.

(4) This report says that "the lake-supply of Cleveland, Ohio, which is usually of excellent quality, is occasionally turbid, particularly during the spring months. When in this condition of turbidity, the twenty million gallons which are distributed daily contain ten and a half tons of suspended matters, and the odd half ton consists of decomposing organic substances."

(5) Much valuable statistical matter is contained in this report.

(6) This hospital was opened for patients December 6, 1887. The number of patients admitted up to January 1, 1887, was two hundred and seventy-eight. The number of operations performed, one hundred and eighty-five. The time has been too short to make any statement as to the number of radical cures effected.

NOTES AND COMMENTS.

The Ontario Medical Association meets at Toronto on June 5 and 6.

The biggest surgical undertaking on record: Lanc(s)ing Michigan.—*Daniel's Medical Journal*.

Dr. B. L. Millikin sailed for Europe May 25, and will be absent from the city for a number of months.

After 1891 Iowa Medical Colleges shall be required to give a four years' course to secure their graduates to practice in the state.

The Pennsylvania State Medical Society holds its thirty-seventh annual session at Pittsburgh on June 4, 5 and 6, under the presidency of Dr. J. B. Murdock of Pittsburgh.

Dr. William W. Keen has been elected to the chair of principles of surgery and clinical surgery of the Jefferson Medical College, rendered vacant by the death of Dr. Samuel W. Gross.

Dr. R. A. Wautthaus has resigned the chair of chemistry in the Medical Department University of Buffalo, as it will be no longer possible for him to lecture in two widely separated schools, in Buffalo and New York City.

The Philadelphia Medical Times, Medical Register, and the Dietetic Gazette have consolidated, and hereafter will be issued as a weekly. Dr. Thomas F. Waugh will have charge of the editorial staff. He will also have the collaboration of the American Medical Press Association.

The French show their good sense in providing ample conveniences for individuals in their cities. The Department of Public Comfort is equipped in a way that might well be imitated here. The establishment of urinals along our streets would not only conduce to the sanitary improvement of the city, but would be as potent a temperance promoter as the high license law.—*Medical Register*.

The Danger of Reporting Strange Cases.—We referred not long ago to a case of delivery on the rail reported by Dr. Osler, and now we have to chronicle the sad sequel to this case as related by Dr. Osler himself in the *Montreal Medical Journal*. The unfortunate man writes: "A few days ago I received an urgent summons to come at once to an address at the northern part of the town. On arrival I found my *confrère* looking very tired and distressed after a night with a primipara. He greeted me with the information that one child had been born, but that he did not know what to do about the second, as he believed there was hour-glass contraction of the uterus. I assured him that our course of action was clear; we sent an once for an obstetrician. I had difficulty in convincing him that I was not a professor of the art, but he persisted that my reputation was associated in some way with obstetrics, and brought up that northwest case. What I have suffered on account of that baby! To be jeered at by the French journal, to be called a narrator of funny stories by the *Medical Record*, to be referred to by my friends as Munchausen—these things have been hard to bear, but on the strength of that case to develop a consulting practice in obstetrics, is indeed a warning. Hereafter I shall stick to my last."—*Medical Record*.

READING NOTICES.

A prominent feature of the Ohio State Medical Convention was the display of pharmaceutical preparations and surgical instruments. Although there seems to be a decrease in the efforts toward artistic displays pleasing to the eye, from a utilitarian stand-point, in the direction of things useful in the every-day work of the practitioner, there is a decided improvement. This display, and the evident interest in it manifested by the attending physicians, clearly show the wisdom on the part of state medical societies in encouraging such exhibitions.

The following firms were represented:

John Wyeth & Bro., Philadelphia, with their elegant pharmaceutical preparations, including Liquid Extract of Malt.

The W. S. Merrell Chemical Company, with samples of a few of their pharmaceutical specialties, and the new surgical dressing, Oulo-Kuton (wool cotton) and Anderson's Vaginal Capsules.

Eisner & Mendelson Co., with the Genuine Johann Hoff's Malt Extract, and Carlsbad Sprudel Salts, Water and Lozenges.

Tarrant & Co., with Hoff's Malt Extract and Seltzer Aperient.

Fairchild Bros. & Foster, New York, with their original preparations of Digestive Ferments, "Peptogenic Milk Powder," Essence Pepsine, Scale Pepsine and Extract Pancreatis.

Mellier Drug Co., St. Louis, with "Tongaline."

Horlick's Food Co., with "Malted Milk" and Horlick's Food.

Regaud et Chapateaut, Paris, with "Lantal Midy," "Morrhuhl" and "Valereanic Ether."

Cibil's Beef Co., with their palatable Extract of Beef.

Seabury & Johnson, with plasters and surgical dressings.

Beeman Chemical Co., Powdered Pepsine, Pancreatine and Liquid Pepsine.

E. M. Hessler Surgical Instrument Co., with a full line of surgical instruments and appliances.

Nestlé's Food Co., with their infant food and Nestlé's Swiss Milk.

Provident Chemical Co., with Crystalline Phosphate.

William R. Warner & Co. of Philadelphia, under the management of H. J. Meek, with their elegant pharmaceutical preparations.

THE

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ORIGINAL ARTICLES.

ADDRESS OF DR. P. S. CONNER, RETIRING
PRESIDENT OF THE OHIO STATE MEDICAL
SOCIETY, YOUNGSTOWN, THURSDAY, MAY
23, 1889.

As is the appendix to the intestinal tract, a useless survival of a once important organ, so is the presidential address to the annual proceedings of the State Medical Society. In the days when books and journals were few, communication slow, professional work physically harder than at present, there was, I doubt not, good reason for requiring of the recipient of high honor an abstract of the year's progress, suggestions of work that might and should be done, or report of diseases and injuries carefully investigated and successfully treated. But now, when to each one of you what a few months ago appeared in print in San Francisco, in Boston, in Vienna, in St. Petersburg, is already an old story, when in every county there are many men of excellent education and thorough training as observers and practitioners, when measures of public health and professional regulation are every-

where familiar subjects of thought and discussion, it may well be asked of the inaugural address, *cui bono*? Hardly yours; surely not his to whom the month's long prospect of its preparation is the fly in the ointment of the apothecary. But custom is imperious; we are all its slaves; like my predecessors, I obey its mandate.

The year that has just closed, unmarked by any epoch-making discovery in either medicine or surgery, has been one of busy work at home and abroad. In our own country laboratory investigations have been carried on as never before, increased opportunities have been afforded for bacteriological study, vivisections have thrown light upon some obscure conditions, and from carefully prepared papers and analytical debates the profession at large has derived much valuable information as to the causes, the progress, the treatment therapeutic and operative, of the maladies and lesions of bones, joints and viscera. Perhaps never before in America has there been held so important a meeting as that of the Congress at Washington in September last, when, in addition to the special work in the several societies, two general sessions were devoted to the consideration of intestinal obstructions and cerebral surgery. With the results of the year's labors of home and foreign physicians and surgeons you are all familiar, and it would be as useless as unwise at this time to enter upon any review of them.

But the occasion may well be considered a fitting one in which to turn attention to our own Society and briefly consider why it exists and what it ought to be able to accomplish. Speaking generally, its office is to promote the highest interests of medicine; primarily within the geographical limits of the state, secondarily in the country at large. This it must do by upholding and advancing professional honor and dignity, by aiding in the diffusion of medical knowledge, and by giving moral and material support to all legitimate efforts to increase the public weal by diminishing disease and caring for its subjects. That it may exert any amount of influence

upon the profession or the people of Ohio, its membership must be sufficiently large and generally distributed to at once enlist the sympathies and command the respect of the great mass of physicians in every section of the state. Is it so at present? Of about 4,000 doctors having no creed, bearing no limiting designation, the names of 516 appear on the roll published in the last volume of 'Transactions.' Contrast this with the 1,700 members of the Massachusetts Medical Society out of a total of about 2,000 physicians in the state. Of the 88 counties of our state, nine are unrepresented; in each of 11 there is but a single member; of 12, two; of 11, three; so that in 43 counties (but one short of half of the entire number) there are only 68 physicians connected with what has for nearly fifty years claimed to be the Ohio State Medical Society. One-third of our members are residents of one or other of six counties. For every reason measures should be adopted to bring into the Society a very large number of new men. Would it not be wise to so amend our organic law that every regular physician connected with any local medical society should in virtue of such membership belong to the state society, leaving to after action of the Society all matters of detail, especially financial? Our auxiliary, county and local societies are far too few in number, and are yearly becoming fewer. Many are practically in a state of suspended animation. This state of things should not be allowed to continue. An active-working district or county society is to every member the best post-graduate school, and a great promoter of harmony and good friendship. In no other profession is it more true that "United we stand, divided we fall," in public estimation.

In years past no small part of the time of our meetings has been taken up in the consideration of what has been called "the regulation of medical practice," and more than once the Society has given its sanction to bills presented or to be presented to the Legislature, intended to

prevent practice by incompetent men. Whatever can make the physicians of Ohio better diagnosticians and more successful carers for the sick and the injured, is to be sought for and secured if possible; and it is the duty of everyone to do whatever may lie in his power to prevent illy-prepared men entering upon the study of medicine, and all from supporting schools lacking in mental and material qualifications for good and thorough instruction. But beyond this, I have grave doubts as to the wisdom of interference. The current is setting strongly all over the country towards legal restrictions and state supervision, and it is to be hoped that this voice of the people is the voice of God, not, as it sometimes is, a *vox diaboli*. Certainly it is not wise for medical men to be constantly decrying the practitioners of medicine; and the oft-repeated statement that the profession is full to overflowing of those ignorant and incompetent, has already produced a decided impression upon the public mind. The statement is not a true one. There are men who know little enough, and some of them are among the loudest talkers; but the doctors of the state of Ohio, taken as a whole, are the intellectual, moral and social equals of the ministers, the lawyers, the merchants, the farmers of the state. The people of Ohio have to-day as good physicians as they ask for, are, in fact, entitled to. When they demand better and support better, then, and not till then, will they have better. The sooner we quit denouncing and the earlier we begin harder study, closer observation and more watchful attention, the better for us and for all. More medicine and less medical politics is, as I look at it, the want of the times in America.

A very important and much-neglected field, in which work may and should be done by a society like ours, is that of collective investigation. With a large membership and an auxiliary society or societies in every county, it would be comparatively easy to determine the actual and relative prevalence of many constitutional and local diseases, with data bearing upon causation, duration and

the effects of treatment, and to collect valuable statistics of operations for injury and disease. In this last-mentioned work a good example has been set by the state society of Texas. Special committees upon selected diseases might with propriety be appointed at each annual meeting, to whom the various county reports should be forwarded thirty, sixty, ninety days before the next annual meeting, and by whom such reports should be consolidated and prepared for publication, a brief extract only being presented in open session. Who can estimate the present value of a series of annual reports for the past forty years of the number of cases, the ages of the patients, and the deaths from consumption, cancer, rheumatism, pneumonia, stone and the major amputations and excisions in each of the counties of the state, if we had them? This Society and this Society alone could secure such reports, and that with comparatively little trouble, if our membership was, as it ought to be, co-extensive, or nearly so, with the practitioners of the state. May I be pardoned if I suggest in this connection that the papers read in the yearly meetings should be short, clear statements of what the writers have themselves observed, studied and done, leaving to the hearers, as disposed, investigation into the literature of the subject and comparison of theories, conflicting opinions, and, it may be, antagonistic measures of treatment; or at least, if such has been embraced in the paper, omitting it all in the reading to duly appear in the printed 'Transactions'? Every busy man in listening to a medical or surgical paper says to himself, "Never mind the items; give us the total," reserving for some leisure hour the careful reading of the elaborate article or the extended study of the subject treated.

By no means the least of the good things that come from such an organization as ours, and its annual meeting, are the acquaintances that are formed and the friendships that are made. The life of the medical man is in many respects a peculiar one, and inevitably tends in greater or

less measure to make him self-contained and, as a result, self-limited. A few days' interruption of the sober routine of life, an opportunity to meet agreeable persons of like pursuit and kindred tastes, a chance to hear of new things or of old ones presented in a new way and viewed from a somewhat different stand-point, these are among the pleasures of life especially enjoyable and of advantage to one ever on duty, whose social life, even at his own fireside, is restricted, interrupted, uncertain. If not a paper was read or a resolution discussed, a gathering of the clan once a year would be well worth the time, the trouble and the cost; and the larger the assemblage, the wider the territory from which it is summoned, the greater the benefit of the meeting, the deeper the satisfaction resulting therefrom.

However indisposed one may be to take medicine, such tonic and such alterative clear the brain and strengthen the heart.

But with every joy of life there is a mingled sorrow; as year by year we meet old friends and new ones, we miss familiar faces. Some hand is vanished, some voice is still. He to whom I expected a year ago to transfer the chair of office during these passing moments has penetrated the mystery behind the veil, has learned, we may trust, why sickness and sorrow and death are the appointed lot of the sons of men. Earnest, honest, faithful, able, he finished his life-work at fifty-seven, and there remain with us only a memory and the undying influence of good deeds.

THE DUTY OF THE OHIO STATE MEDICAL SOCIETY TO CONSUMPTIVES.*

BY J. E. WOODBRIDGE, M.D., YOUNGSTOWN, O.

In calling your attention to the duty of the Ohio State Medical Society to "Consumptives and their Medical Advisers," you will perhaps deem me guilty of wasting

* A paper read before the Ohio State Medical Society, May, 1889.

your time on a subject on which little of consequence can be said, and which, at most, is a matter of minor importance. If so, your opinions are well sustained by the summary manner in which the subject has been treated by the best medical authorities in all ages of the world's history.

Hidden away in the nomenclature of diseases you may find the various names by which it has been designated. Search your text-books, but you will find nothing in the manner in which phthisis has been treated to lead you to conclude that the disease is one of unusual importance; and if you search the records of this Society for any evidence that consumption demands, or ought to have, any special attention paid to it or to its victims, you will find it wanting; and yet we have under consideration an infectious disease more fatal than small-pox or cholera or scarlatina, more fatal than all combined—in fact, numbering among its victims, as shown by the last census of the United States, more adults than all other infectious and contagious diseases together; affecting all classes of people, of every age, condition and sex; leading its victims by slow gradations, extending often over a series of years of hopeless invalidism to the grave. Its death-rate is truly appalling. But we have become accustomed to its ravages, and in a measure reconciled to them, and regard deaths from consumption as a kind of visitation of Providence, from which there is no escape, and yet the same kind of a visitation of cholera or small-pox would arouse such a feeling of horror and indignation as none of us would like to face.

The consumptive, however, pursues the even tenor of his way, and in a large majority of the cases that come under my observation, insufficiently or improperly fed, or both, unscientifically and generally poorly clothed, their dying arouses no indignation, and often but scant sympathy. They are regarded simply as the victims of an incurable disease, and walking about with their clouded brows awaiting the dropping of the curtain over the final

act, they constantly remind one of the terrible inscription over the entrance to Dante's Hell, "All hope abandon ye who enter here."

But a new day is dawning on our friends.

When Lewis A. Sayre, at the meeting of the American Medical Association at Philadelphia, in 1876, battled bravely and alone for the true pathology of the so-called tubercular diseases of joints, he was perhaps all unconsciously brushing away the mysticisms and errors of ages from the pathology of a far more important disease; and when a Swiss peasant, condemned to die of this disease in the sunnier lands to which he had expatriated himself, returned to his bleak mountain home to end his days, and instead, continued to live, he touched the key-note to its treatment, and the time is almost here when the pathology and treatment, and even the nomenclature, but, most of all, the prognosis of the disease must be re-written, and in a far more hopeful spirit than has characterized its history in the past. Look at that past. Glance at the literature of consumption during the past century. Study the writings and teachings of the best authorities of the present day. What a conglomerate it is!

Future generations, reading this stuff, will say it was written by isolated members of a widely scattered profession, having no means of communicating with each other, and yet this is the close of the nineteenth century, the age of telegraph and telephone, of county, state, national and international medical societies. But none of them, so far as my observation has extended, pay much attention to the most fatal disease which we are called upon to treat. ●

What have we of the Ohio State Medical Society done? Nothing. In 1878 Dr. Loomis read, before the American Medical Association, an able and exhaustive report on the climatic treatment of consumption, which bore evidence of careful thought and research; it was fully abreast of its time.

But ten years have passed since then and we live in an age of progression—an age in which mighty events are

crowding each other off the stage of action. A decade now means more than a century did some hundreds of years since. And can any gentleman point me to any positive, more recent advances we have made in knowledge of the pathology, prophylaxis, or treatment of consumption? While wonderful discoveries are being made, and the profession which we love and practice is making its full share of them, the great mass of that profession is in no sense better prepared to answer any question bearing upon the treatment of this disease than were its members three hundred years ago.

Give any large number of physicians a typical case of incipient consumption and ask them what they would do for it, what kind of reading, think you, their answers would make? From a knowledge of what has gone before, it would be safe to say that the patient would receive some very contradictory advice. He would probably be told to stay at home, take cod-liver oil and tonics, and a hundred other remedies; to use Borgeon's method; to go to southern California, New Mexico or Colorado; to Rome; to the Riviera; to Davos Platz, and, in short, to almost every inhabited or habitable spot on the globe. One patient, after consulting the family physician, visited Philadelphia, New York and Boston, consulting seven eminent gentlemen; was advised to go to southern California, to Bermuda, Chautauqua Lake, Denver and Florida. All could not be right. Nearly, if not quite all, were probably wrong. Yet these are far above the average members of the medical profession. How then would a patient fare with the average practitioner? A gentleman, resident of New York city, after consulting his family physician, who advised him to go to Europe, but who frankly admitted that he did not know what would be the best place, called in an eminent authority who advised him to go to Rome. In various parts of Europe he consulted the most celebrated physicians, and finally returned to this country, and after this long experience gave as his deliberate opinion that neither the medical

men of Europe nor America know anything about the climatic treatment of consumption; and it must be confessed that even the best medical literature of the day or age gives such varied and widely divergent theories on the subject, that such opinion would seem to be well founded.

Now the medical advisers of consumptives should be taught enough about the prophylaxis and treatment of consumption to save the profession the disgrace of so much contradictory advice to the victims of so important and wide-spread a disease.

Your author has given many years to the subject, and if his time and yours were unlimited he could tell you of many existing differences between celebrated health resorts, as seen through partial and highly colored advertisements, and impartial, truth-seeking eyes.

He has wintered in southwestern Texas, a few years since the Mecca for consumptives, and in the southeastern portion of the United States; has visited various points on our Atlantic coast and many of the resorts of Colorado, New Mexico and southern California, and has found that, in many instances at least, the place that from a distance of some hundreds or thousands of miles seemed most desirable, on closer inspection proved least so, and it is his belief that the ideal health resort for consumptives, if there be one, has either not yet been discovered, or sufficiently advertised to attract much attention. Colorado, with its wonderful sunshine, pure air, high altitudes, grand scenery and occasional pine forests, possesses many advantages not found elsewhere, but some of its best advertised health resorts are unfit for residence of even healthy men. As, for instance, Colorado Springs, which really has much to recommend it, was, at the date of my visit, November, 1888, a town of about seven thousand inhabitants, without sewers, is at times exceedingly dusty, is subject to high winds, has irrigation ditches on each side of its streets, and the sun sets early, making the day short.

Your author asked one of the leading physicians of

the place how he could reconcile the existing conditions with its claims as a health resort. The doctor answered that, "dust is considered an antiseptic to external wounds, and may it not perform the same office in the lungs?"

Many such instances might be given to show the insurmountable obstacles which lie in the path of the individual practitioner who endeavors to do his whole duty to his lung patients. Individual members of the profession may, and no doubt have, in exceptional instances, at least, made some progress in a knowledge of this branch of our subject, but it has been at a fearful sacrifice of human life, and it may be doubted if the lesson is always worth the price paid for it.

During all my investigations, one prominent fact has always presented itself, viz., that the climate which seemed most nearly curative of consumption is most aseptic, and, as a consequence, when you place your patient under the best climatic influence, you also place him where he will do least harm, where he is least likely to communicate his disease to his friends and attendants. And if this is true, and can be demonstrated to the satisfaction of the Ohio State Medical Society and of the American Medical Association, so that these bodies could go before the world confidently teaching the correct climatic treatment of this one disease, would not that add greatly to their already high reputation? We are rich in deep thinkers and careful and scientific investigators, and here is a broad field for the exercise of their talents.

But how is this to be done? Let the Ohio State Medical Society appoint a committee charged with the duty of the investigation of all matters of interest to consumptives and their medical advisers, and especially of the climatic treatment of the disease, and report the result of its labors at the next meeting of this Society. Such a committee could accomplish much that to the individual practitioner would be impossible.

ANKLE INJURY.

BY J. T. WOODS, M. D., TOLEDO, O.

[Extract from a paper read before the Ohio State Medical Society.]

There are few things more tedious than anatomical recitals, but the affliction in this case prepares us to understand that the adjustment of parts in this joint is so compact that if any be impaired a corresponding defect in action must inevitably follow. It also makes apparent from the form and situation of the lateral ligamentous cords, that slight causes acting when the muscles of the leg are relaxed, and hence their tendons failing to give to these ligaments external support, may materially aid in causing that form of dislocation in which the foot and ankle roll or turn, especially inward.

Of this injury there is practically every grade, from the slightest over-tension on the lateral cord, to that of its complete rupture, with or without fibular fracture or splitting of the tibial articular extremity. But I wish to confine myself to the slightest forms, the sprain or partial rotation of the ankle, known professionally as partial luxation and popularly as twist of the foot.

TREATMENT.

In this, as in other ailments, treatment depends much on circumstances and the judgment of the surgeon. Should he be present or immediately summoned, it would be wise in him to remember that all ankle sprains are both treacherous and dangerous, that the greater includes the less, and that if he pursues a course of apparently excess of care he will make the fewest possible mistakes. He will be likely to find the partial dislocation instantaneously reduced, with pain and shock gradually disappearing. If swelling has not appeared there would not seem to be any indication for treatment, in which circumstance he will do well to so manage the matter that none may arise.

The most common-sense measure is to secure non-movement of the joint. Manipulation should be gentle and

but little of it, and trial efforts at walking absolutely prohibited. He will, however, be almost sure to find some swelling on the anterior aspect of the malleolus, with tenderness on pressure at that and other points, an indication absolutely sure as to the existence of an injury demanding the best efforts both of patient and surgeon. The medical adviser not being present, he will not usually be called at once, and in the meantime the patient will manipulate and move the joint, will have tried to walk on it, and possibly be delighted to find that this can be done, liniments and other remedies known by the neighbors to be infallible will have been resorted to, in defiance of all of which swelling will either linger or increase, discoloration of the parts occur, and, if pain had subsided, will return without or with apparent cause, when all concerned at last deem it best to place the responsibility on the professional man.

The indications are now perfectly defined, and the aim of treatment entirely clear. The existing inflammation must be mastered by whatever measures necessary and the best means afforded for permanent recovery, however long it may require. There is present an inflammation in the joint structure: this is to be subdued by measures appropriate to its degree of intensity, and somewhat dependent on the stage of the ailment and constitution of the patient.

In the more aggravated conditions the abstraction of blood by free leeching will render signal aid. This may be resorted to at any stage of the treatment, its use resting on the judgment of the practitioner. If there be present the unaccountable and torturing tremor of the limb that sometimes occurs, whatever other treatment may be adopted, nothing will afford relief but the thickly padded splint support, with the use of which the treatment is to be conducted in the best possible form. It is only in rare cases that a degree of inflammation requiring resort to leeches will be met with, and perhaps quite as rarely will be the tremor just indicated.

The condition usually found will be manageable by simpler means. In every phase and stage absolute quietude of the joint is indispensable. As long as the least swelling exists, as long as the least tenderness is found about the joint by gentle pressure, just so long is it unfit for the least use, and whatever else may be resorted to, be the period long or short, absolute immovability of the parts must be maintained. When the eye is inflamed we dare not use it; when the ankle is inflamed the same law holds as firmly. Danger of a stiff joint lies in increasing the inflammation and delaying the recovery. Non-use until the last vestige of swelling and tenderness has disappeared is a guarantee of the best joint condition that is attainable. Ankylosis as a result of non-use until the period above indicated is both a myth and fraud. It does not occur. If then the inflammation is sufficient to demand leeching, let it be done, and then proceed to the use of hot water and securing joint immobility. Both these measures are to be secured at the same time, the immobility by means that will be comfortable to the patient and admit of free hot bathing. The most satisfactory means I have found is to take a piece of muslin about a yard square and fold it lengthwise upon itself so as to form a pad one yard long and three inches wide. Lay the center of this on the bottom of the foot and carry the ends along the sides of the leg. These ends being drawn snugly up so as to hold the foot and ankle firmly as in a stirrup, apply over it a roller bandage, making numerous figure of eight turns about the ankle, foot and leg, or in lieu of this stirrup a flannel bandage may be applied about the joint and over this the common roller. To secure firmness, the same attention must be paid to the figure of eight turns just referred to. The ankle may be covered with finely picked oakum in lieu of the flannel bandage.

Whether these last measures are resorted to or not, the stirrup-pad of the first method will be found to give desired security in any case in which the reflex trembling does not occur. When this is present a splint must be

placed over the whole, and this must be of a material that will withstand the use of water. Wire gauze is the best, some form of foot-piece being attached. Thus prepared, the limb is placed in a vessel of water as warm as can be borne and of sufficient depth to come well up toward the patient's knee. This bath should be continued for at least half an hour, an attendant adding hot water at intervals, so as to maintain the temperature at the highest point of endurance. When this is removed the excess of water is quickly squeezed off, a dry flannel wrapped about it, and over the whole a piece of rubber tissue, the size of which is sufficient to cover the limb from immediately below the knee to a point beyond the toes. This is made to prevent evaporation by tying with cords or application of bandage.

By this means heat and moisture are maintained at the point desired for one or more hours, when the removal of the rubber and flannel makes all ready for repetition of the bath. In this way the continuous benefits of hot water bathing are secured without handling the limb or the least jarring of the joint, and may be continued for days, if desired, without change of dressing. Of course the dressing may be removed at any time and for any purpose, but it is best to allow it to remain until we are quite sure that the benefits of hot bathing have been secured, when it should be taken off and the pad-stirrup adjusted as first described. Should this not prove to secure sufficient quietness, a longer splint, as the moulded felt, may be placed over it. Should the inflammatory state again occur, the above treatment should be immediately resorted to, as there are no other means of so readily and rapidly overcoming that condition in the joint. The acute is sometimes followed by a subacute or chronic inflammation that is to the last degree vexatious both to patient and surgeon, and beside that, is unpromising as to results. In one case associated with hyperæsthesia, after failure of all other measures, the patient was placed

in bed, his foot laid on a pillow covered with an oil-cloth so folded as to carry fluids into a vessel beside the bed.

From a vessel, by aid of a rubber tube and a small stop-cock with which to regulate the flow, warm water was made to run onto a mass of oakum laid over the swollen joint. This was continued for three weeks, with benefit observable from day to day and a final happy result. In another the ankle and adjacent parts were covered with a poultice of common blue clay. The material was made into proper consistency with water, laid on thickly, and the whole enveloped in rubber tissue to prevent rapid evaporation.

It is to me a curious circumstance, but fact it is, that the tenderness and heat were largely modified, the application giving the patient exceptional satisfaction. In the chronic condition, I have had excellent results from the application of a counter-irritating liniment made by taking the desired quantity of oil of cedar, placing it in an open vessel, and dropping into it iodine, crystal by crystal, until completely saturated. This must be allowed to cool before bottling, and is applied once, twice, or thrice a day, until slight cracks occur on the outside. Its use is then to be governed by the comfort of the patient, but applied as often as can be borne. It is applied by brushing over the surface. This preparation has a penetrating property that I have not found in any other form of the drug, and has acted very satisfactorily in my hands. Blisters may be necessary, and I can imagine a case in which the actual cautery would be in place, but have not yet had experience. But when the inflammatory state is really mastered, the patient has only commenced to get well. There is yet a long period of probation. As long as tenderness is discoverable by finger pressure, the limb is unfit for the least use, even for the trial test that the patient is sure to make. Crutches are a help, but soon become odious. The limb is sure to be put into use before it should be. The stirrup bandage is somewhat bungling, and at a proper time may be sub-

stituted by a simple roller bandage snugly applied with many figure eight ankle turns. When the time arrives that the use test is to be made, at the very best there will be found to be a tendency to turning inward, accompanied by pain, the condition being that of weakness of the joint structure about the external malleolus. I have overcome this by taking a piece of rubber adhesive plaster two inches wide and fifteen inches long, and splitting the initial end about three inches. At a proper distance from this end, it is laid on the sole of the foot and the short tails brought up smoothly and made to adhere about the internal malleolus. The external malleolus being neatly padded about with cotton batting, the foot is held firmly outward, the long end of the adhesive plaster drawn taut, and its upper end made to adhere on the outer aspect of the leg. The patient presses it to secure its adherence while a roller bandage is applied from the toes to the upper extremity. This substitutes the outer ligamentous structure and affords not only security against injury, but the utmost confidence and comfort to the patient, and should be continued for a long time. An ankle support is made by the St. Louis Anklet Company, that, fitting and lacing neatly, serves excellently when the ordinary shoe and stocking are to be worn, and is especially valuable to those whose best recovery leaves them with a weak and unreliable member. But during all the tedious and perplexing local treatment, the constitutional condition must not be overlooked. There is liable to be associated anæmia, debility, or rheumatism, which, with many other conditions, may be factors in delaying recovery, and that require the most persistent treatment in conjunction with that described. With all and any measures, it behooves the medical attendant to impress both patient and friends that time is a requisite; that faith, patience and endurance are a necessity, and that in a case of any considerable severity of symptoms, reckless efforts at use are sure to result disastrously.

MULTITOCULAR OVARIAN CYST, REMOVED
BY DR. F. J. WEED.

REPORTED BY J. H. BROWN, MEMBER OF SENIOR CLASS.

Mrs. K, age 25, living in this city; married for seven years. Previous to marriage, and up to the birth of her first child, she enjoyed good health; after that time she was treated for an abscess in the left inguinal region. The pus was removed by aspiration and no further trouble was experienced until last September, when she suffered pain in the left ovary. Pain continued to increase, and upon her admission to the University hospital, on March 11, 1889, the growth had extended into the region of the epigastrium, causing the abdomen to bulge or protrude unevenly. March 18 she was operated upon by Dr. Weed, but prior to the operation she had been prepared by the house physician, Dr. Crowe, by light dieting and antiseptic baths. All possible precautions were taken so that the operation might be aseptic. The incision was in the median line, extending upwards three and one-half inches towards the umbilicus. When all the hemorrhage was checked the peritoneum was caught in a pair of forceps, nicked and opened. In the operation no sponges were used, pledgets of antiseptic gauze being substituted. In all, six different cysts were tapped, the fluid in each differing from that of the other in color and consistency. Some of the fluids resembled jelly, others the white of an egg, and a third looking like serum. The tumor was then drawn up through the abdominal opening; a stafordshire knot was tied and the ovary removed. It was thirty pounds in weight. The abdomen was washed out with Thiersch's solution and its walls sutured. In suturing the abdominal walls, interrupted stitches of silk were used, passing the stitches through the wall and the peritoneum, three being used to every inch. No drainage tube was used. The operation lasted *one hour*. On the evening of the operation the

temperature was $98\frac{2}{3}$ and pulse 72, with slight nausea; at ten o'clock the same night the temperature was $99\frac{4}{5}$ and pulse 90. On no occasion did the temperature rise above $100\frac{2}{3}$ and the pulse 106. No food was given for forty-eight hours, when soups and milk were allowed. On the twenty-sixth, or eight days after the operation, some pain was experienced in the median line, due, no doubt, to tension. Stitches removed one week after operation and wound healed by first intention. Foods were increased and on April 10 patient began to sit up. Continued to improve and discharged April 20.

CORRESPONDENCE.

DEPARTMENT OF THE INTERIOR, }
 CENSUS OFFICE,
 WASHINGTON, D. C., May 1, 1889. }

To the Medical Profession :

The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, surgeon United States army, has consented to take charge of the report on the mortality and vital statistics of the United States as returned by the eleventh census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of state and municipal registration.

In view of this, the Census office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers," for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped

that physicians in every part of the country will coöperate with the Census office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the eleventh census.

Physicians not receiving registers can obtain them by sending their names and addresses to the Census office, and, with the register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the eleventh census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT L. PORTER,
Superintendent of Census.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

ONE DOLLAR PER ANNUM IN ADVANCE.

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Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

DUELING AMONG GERMAN STUDENTS.

In his article on German students' fraternities, in a recent number of the GAZETTE, our esteemed contributor well describes their organization and workings, and in his remarks on the dueling system, the sentiments of a Bursche are plainly presented. We take no exception to the practice of the art of fencing as a means of developing physical strength and agility; as an exercise for that purpose it has no superior; but how it is going to act as a developer of courage, or why the many-scratched duelist is, on this account, to be credited with an uncommon degree of courage, is hard to understand, when the duels are fought with "very harmless" weapons, and result, most always, "in a light skin and flesh wound on the cheek or on top of the head, as all the most important organs are carefully protected

before the duel begins." We do not propose to enter the ring against the great question of university athletics, which have been carried to that extreme that some of our institutions of learning are as likely to turn out a champion pugilist as a parson, an oarsman as an orator. Perhaps that is to be the ideal university of the future which is prepared to train its students for any occupation in the whole catalogue for which they may have a talent or may choose to follow, be it skating or surveying, biology or billiards. Physical exercise is liable at any time, unavoidably, to result in accident or injury. Where there is training there may be straining; where there is jumping there may be shocks and contusions; even broken bones and dilated hearts may result from the more boisterous of athletic sports unless properly regulated. But these are not the objects of the game. They are accidental and rare incidents, while in this practice of dueling, man is pitted against man to draw blood if possible. Very little danger in it. The vital parts are protected, consequently it cannot be much of a test of courage. But your antagonist is to be marked, pricked, scratched upon the face or head, if possible. Let them fence, if they want to, for exercise; it is as good sport as another; but this scarring of the faces of good-looking young Germans is rather a pity. We fall to wondering always whether the veteran-looking student was continually blundering into misunderstandings; whether he was habitually intentionally insulting somebody, or was uncommonly clumsy at his guard. It must be a peculiar kind of insult that is better avenged by scratching your enemy's face than in any other way.

Whose is the honor, after all: the one who made the mark or the one who stood up and took it? All this is queer to an American. Perhaps the whole thing is a matter of education, and we have not got that far along yet. We shall be interested to watch and see whether, when provincial America has become civilized up to the proper point, the fashion of adoring all things German, in the matter of education, will lead us to adopt this practice

of dueling, or whether the society craze after all things English will make it the latest fad to settle disputes by a gentlemanly setto at the noble art of fisticuff.

TRADE NOTES.

We are indebted to the *Pacific Medical Record* for the following. We have taken occasion to say the same thing a number of times before, but it relieves our conscience to repeat it occasionally:

It should be generally understood by the profession that under the heading of "Trade Notes," "Publishers' Notices," "Reading Notices," etc., medical journals simply offer a courtesy to their advertisers; that no editor recommends or endorses any preparation, even if the formula is given, for in scarcely a single instance can it be verified by the most careful analysis. We refer, of course, to *compound* medicines bearing some distinctive title or trade-mark. No medical journal can live without advertising support, and no matter how much an editor may desire to uphold legitimate medicine, yet these "elegant preparations" with pharmacopœal formulas and compound names have so multiplied and are so well concealed in gelatine and sugar, that the ordinary mind is bewildered. We used to know what was meant by Pil. Coloc. Co., or Pil. Rhei Co. Do we know it now? We gave Chloral Hyd. with full knowledge of its power—and were careful—morphia meant a narcotic—deadly if abused—Belladonna had its true name, "*deadly night shade*," and we administered these powerful and sometimes beneficent drugs, *pro re nata*. To-day we find the most powerful remedies united in formulas which astonish an old conservative, and which, if published in English and advertised truly, would not find a purchaser or prescriber. We are fast relegating our knowledge of medicine and the art of prescribing to the wholesale manufacturer, and trust entirely that his "Ignotum Comp." is *the* remedy for

piles, or his Cascara—Senna the only remedy for pneumonia. Acetanilid, Phenacetin, Sulphonal, Creolin, Ichthyol, etc., convey to the ordinary practitioner no idea of their component parts (other than that they are secret), and if he uses them he does so on the dictum of the *inventor*, backed by certificates from unknown physicians; or from those who repudiate them when questioned. Medical publishers are asked to give currency to these testimonials, and in a way to endorse them.

Once inserted in a respectable journal, they are sent broadcast through the medical press as the honest approval of the first editor or publisher, when, in fact, *they cannot be refused without a withdrawal of the advertising support of the firms sending them*. Can we call this by the euphonious term “Compulsion?” Not quite, but something akin. We have a liking always for those who aid us in our enterprise, and we feel under some obligation to give them a *quid pro quo*. We insert these questionable notices, which we *fear* are frauds, but which we *hope* may not do much harm (*except as they prevent the administration of proper and needed remedies for the disease*), but *we oblige our patron*. Is this wrong? In one sense, No, for now-a-days, the profession are so educated to prescribe manufactured, “ready-made” formulas, that any druggist would stand aghast before an extemporaneous formula, and question the sanity of the writer. In every truth, the old-time fashion of the physician writing for those simples with which he is acquainted, and combining them to meet the exigencies of his case, is a lost art, and he prescribes Warner's Safe Cure or Jones' Sarsaparilla, or better, the “Informal Formulas” of the dispensatory, *in rotation*, hoping that he may (by accident) find the right thing.

But to return: legitimate medicine is so closely united to empirical, that only experience, practice and knowledge can separate them; and since the world of medicine has accepted these empirical formulas for daily use, *and the majority do not know any other*, why should medical

journals, who must depend on "ads." for a living, refuse them? It is asking too much of human nature. Quixotism in journalism *may* be a virtue, but after a few rebuffs from the wind-mills of popular opinion, the doughty knight rubs his aching back, and decides that he can never, never kill the giants of medical ignorance and commercial greed, and concludes that he had much better retire from the contest and accept, with as good a grace as possible, the "goods the gods send him."

AMONG OUR EXCHANGES.

It has been the policy of the editors of the MEDICAL GAZETTE to encourage original work on the part of the local profession, and much has been accomplished in this direction. We have had every reason to be gratified also at the manner in which the GAZETTE has been received by those for whose opinion we most care, both at home and abroad. We have been especially pleased with the manner in which our exchanges have treated us, always giving us a pleasant word and quoting freely from our editorials and original departments, and, with few exceptions, giving us due credit. We have, however, been aware that the GAZETTE has lacked one element of popularity, and that, as one of our esteemed correspondents expresses it when stopping his subscription, "the GAZETTE ought to give us more good receipts." He doubtless meant to say, with many of our subscribers who do not take a large number of medical journals, that they would like more short items and practical points. They are busy men who do not care about theories, histories, experiments or demonstrations; what they want is something that will be useful to them in their every-day practice, something to cure their patients. In order to meet this demand we have with this number of the GAZETTE established a new department, which in the absence of any better title we have labeled, *Among our Exchanges*. It will be conducted by Dr. L. B. Tuckerman, whose aim it

will be to carefully scan everything new appearing during the month in a hundred exchanges, and when anything of interest appears, boil it down and give our readers the gist of the matter. Those who have valued the GAZETTE for the merits of its original departments, may be assured that we do not intend to curtail this part of the journal in the least. As we have furnished you a two dollar journal for a dollar in the past, we hope we may be able to present you with a three dollar journal for a dollar in the future. All we ask of you is to request your neighbors to send in subscriptions, and in the meantime not to oblige us to use up a large part of the dollar you already owe us in postage, sending bills.

AMONG OUR EXCHANGES.

In a discussion of the *signs of the moribund condition*, DR. JOHN SHRADY of New York (Medical Record, January 8, 1889, page 626) lays particular stress on the up-and-down movement of the pomum Adami, which, when persistent, he has come to regard as the most ominous sign of impending dissolution. When this sign has appeared in a case of diphtheritic croup, neither intubation nor tracheotomy will avail. He also points out its diagnostic value in discriminating between alcoholic coma and that of compression of the brain by fracture or blood-clot. In cases of phthisis, he has noted the appearance of this sign even a fortnight or longer before dissolution. Its usual time of appearance is coincident with the period of tracheal râles.

In a paper read before the Illinois State Medical Society, DR. ABBEY F. ROONEY of Quincy, Illinois, strongly favored the thorough *use of the curette in puerperal metritis* as the surest method of aborting the disease. The patient is placed in the Sims' position, the cervix held by a tenaculum, and after the curetting iodized phenol is

thoroughly applied. The results are claimed to be far more satisfactory than those following intra-uterine injections.

Several cases illustrative of the value of a glass of hot water taken an hour before meals in cases of *functional disorders of the stomach* are given by DR. P. R. CORTELYOU of Marietta, Georgia (Journal American Medical Association, June 1, page 760). He regards it as a valuable adjuvant to the usual treatment by counter-irritation, bismuth, pepsin, etc., etc.

Corroborative testimony to the value of *chloride of barium in heart disease* is furnished by H. A. HAZE (Journal de Médecine de Paris, 1889, Vol. XVI., No. 15), who has prescribed a 1 per cent. solution in doses of 1.5 to 2 gms. for children and 5 gms. for adults, two or three times a day, with good effect, both in lesions of the mitral and of the aorta, and in functional disturbances of the heart. It acts as promptly as digitalis in slackening and regulating the pulsations, but produces less tension of the artery than is felt after the exhibition of the latter drug. No renal troubles resulted in the seven cases reported. It has the advantage of being almost tasteless.

A favorite combination for the relief of *asthmatic dyspnœa*, and said by DR. N. S. DAVIS of Chicago, Illinois, to be very efficient, is :

R.	Chloral,	.	grams 20	(3v).
	Sodium Nitrite,	.	" 3	(grs xlv).
	Tinct. Stramonium,	"	10	(fd 3 iiss).
	Elix. Simp. q. s. ad	"	60	(fd 3 iv).

S. One teaspoonful every four hours in water (Journal American Medical Association, May 25, 1889).

An interesting case of *diabetes insipidus* in a boy of twelve years cured by the application of the galvanic current to the cervical sympathetic and to the spine, daily for the first month and subsequently two or three times a week, with the internal exhibition of antipyrin grs. viiss and powdered valerian root one-half teaspoonful three times a day,

is reported by DR. PHILIP ZENNER of Cincinnati, Ohio (Lancet-clinic, June 8, 1889, page 645). The treatment extended over five months. When the case came under DR. ZENNER'S treatment the disease was already of seven months' standing and the patient had faithfully tried health resorts and medical treatment to no purpose. The current used is stated to have been "of moderate intensity." It would have been more satisfactory to readers had the doctor stated definitely the strength of current used, either in terms of the number of cells used, or milliampères, or, better still, had he given both.

There is nothing like giving a new name to an old thing and attributing it to some foreign professor to make a big thing of it. This, anent the *dosimetric* system so-called, the pamphlets advocating which have been sent to every physician in the land and an article upon which, by DR. J. M. HOLE, appears in the Times and Register. Over half a century ago, DR. COLEMAN of Ashtabula, Ohio, was wont to call the attention of his then pupil, Dr. Hubbard, also dead, to the clinical fact that certain remedies acted better given in small and frequently repeated doses than when given in larger doses at longer intervals—and he was only one of many. This fact has been the common property of the educated profession for years. It only remained for a foreign professor to find it out and to call it "dosimetry," and to change the well-known term "abort" to the more high-sounding "jugulate," to furnish the basis for a "new system of medicine."

DR. WM. C. WOOD, in a letter to the Medical Standard (June, 1889), claims for viburnum prunifolium in drop doses of the fluid extract the utmost efficiency in checking *sin-gultus*.

MR. WHITEHEAD of Manchester, England, advocates the treatment of confirmed "*catheter life*" by a permanent perineal opening. After median urethrotomy, a rubber tube is kept in the opening till the fistulous opening into the bladder has become cicatrized, after which the urine is drawn through the fistulous opening. In his paper read

before the Medical Society of London (Lancet), he gives several cases illustrating the efficient relief which has followed this procedure in his hands.

A cleanly and efficacious method of treating *scabies* is given by DR. OHMANN-DUMESNIL (Medical Chips, May, 1889): Two solutions, viz., $\text{fd } \text{3i}$ of dilute muriatic acid to $\text{fd } \text{3iv}$ of water and 3iv of hyposulphite of soda in enough water to make a saturated solution, are prescribed. The patient applies the second solution to the affected parts at night, allowing it to dry in. In the morning he applies No. 1, which precipitates in a finely divided state the sulphur in No. 2. One treatment is usually sufficient.

DR. S. JAY of Tilsonburg, Ontario, treats long-standing cases of *sciatica* (Epitome) with hypodermic injections of $\text{m } 20$ to $\text{m } 40$ of a saturated solution of antipyrin in chloroform as near the affected nerve trunk as possible. Two to five injections usually effect a cure. Inflammation is slight and he has never had abscess result. Chloroform dissolves about half its weight of antipyrin.

NEW BOOKS.

'FARQUHARSON'S GUIDE TO THERAPEUTICS AND MATERIA MEDICA.' Fourth American from the fourth English edition. By Frank Woodbury, M.D. Lea Brothers & Company. 1889.

Upon comparing the last English with the new American edition of Farquharson's excellent 'Guide to Therapeutics and Materia Medica,' it becomes apparent that the editor of the latter has failed to perform his task in as painstaking a manner as the work demands, for with the exception of a classification of drugs, copied from Wood, and an epitome of the National formulary, he has added but little to the author's labors.

How provoking to the student or practitioner to refer to a work of this kind of as recent date as May, 1889, and find no mention of such standard remedies as acetanilide, naphthaline, salol, ichthyol, sulphonal, cascara sagrada,

strophanthus, lanolin and others which have obtained a firm hold on professional confidence during the past three years. We trust that when the next American edition of Farquharson's book is called for, the editor will do his duty by his readers more thoroughly. As is usual with publications emanating from the well-known firm of Messrs. Lea Brothers & Company, the type, paper and binding could not be improved upon. I. C. C.

'THE PREVENTIVE TREATMENT OF CALCULOUS DISEASE, AND THE USE OF SOLVENT REMEDIES.' By Sir Henry Thompson, F.R.C.S., M.B., London, Surgeon Extraordinary to His Majesty, the King of the Belgians; Consulting Surgeon and Emeritus Professor of Clinical Surgery to University College Hospital; Fellow of University College; Late Professor of Surgery and Pathology to the Royal College of Surgeons; Honorary Member of the Societe de Chirurgie of Paris, etc.

Is there not a period in the history of the process which leads to the formation of renal and vesical calculi, whether in the condition of gravel, concretion or stone, at which it might be possible to prevent the development of a considerable deposit and the necessity for mechanically removing it? This important question is formulated by the most eminent authority upon the subject involved, Sir Henry Thompson, and he accompanies the question with a full and satisfactory answer in the affirmative, in a short book of 50 pages, which is included in the May issue of Wood's Medical and Surgical Monographs. Admitting that renal and vesical calculi which are formed by diseased action of the bladder are only amenable to mechanical treatment, he demonstrates that the formation of uric-acid calculus can be checked at almost any stage of the complaint, and rendered impossible, if proper treatment is adopted. His consideration of the subject is concise though full, and eminently practical, and will undoubtedly afford a revelation to many regarding the susceptibility of this affection to medicinal treatment.

'PRACTICAL LESSONS IN NURSING DISEASES AND INJURIES OF THE EAR: THEIR PREVENTION AND CURE.' By Charles Henry Burnett, A.M., M.D. Philadelphia. J. B. Lippincott Co. 1889. Price, \$1.00.

Probably no class of diseases is treated so empirically by the family physician and by the laity as ear diseases.

And we have no doubt but that great good will be done by this little book in educating the people up to the importance of treating ear diseases. Although technical terms are avoided, the work is strictly scientific, and the physician, as well as the patient, will be able to gain many practical hints from a perusal of its pages.

'EXTRA-UTERINE PREGNANCY.' I. Its Pathology. By Franklin Townsend, M.D. II. Its Diagnosis. By Joseph Price, M.D. III. Its Treatment. By E. E. Montgomery, M.D. IV. Observations—Clinical, Pathological and Surgical. By W. H. Wathen, M.D. V. A Critique of its Management. By J. M. Baldy, M.D. VI. The Technique of the Operation. By John B. Deaver, M.D. VII. Its Management when the Fetus Survives Tubal Rupture and goes on to the Period of Viability. By L. S. McMurtry, M.D. VIII. Its Treatment (concluded). By A. Vander Veer, M.D. A Discussion, From the Transactions of the American Association of Obstetricians and Gynecologists, 1888. Together with an Editorial Review of Tait's Ectopic Pregnancy and Pelvic Hematocele, from the Buffalo Medical and Surgical Journal. Philadelphia: Wm. J. Dornan. 1889. Price, 75 cents.

This book will be read by all who are interested in the special diseases of women, and should be read by all general surgeons, who are likely at any time to be called upon in this important class of cases.

'THE VEST POCKET ANATOMIST.' (Founded upon Gray.) By C. Henri Leonard. With Dissection Hints and Visceral Anatomy. Illustrated Medical Journal Company, Detroit.

This is the fourteenth revised edition of an exceedingly convenient little book. It contains one hundred and ninety-three illustrations, and is considerably enlarged over the thirteenth edition. In fact, we hope it will not in future editions be made any larger, as it has now reached quite sufficient dimensions for a vest-pocket edition, containing all that could be desired in a work of that kind.

'A TREATISE ON HERNIA: THE RADICAL CURE, BY THE USE OF THE BURIED ANTISEPTIC ANIMAL SUTURE.' By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass. Geo. L. Davis, Detroit. 1889. 251 pages. Illustrated. Price, 25 cents.

Dr. Marcy reviews hernia in general, its classification, frequency, descriptive and surgical anatomy, treatment by trusses and other mechanical and also by operative measures. He then describes and strenuously advocates the radical cure, not obliterating the canal, but restoring its normal size, length and obliquity. The sac is removed.

at its base, the internal ring reduced to proper size by a double tendon suture, the canal and external ring secured in the same manner, and the superficial wound closed, dried, dusted with iodoform and sealed with iodoform-collodion and cotton. All is done aseptically, and no drainage tube employed. He remarks in closing the treatise that "there can be little doubt the surgery of the future will include a large per centage of the sufferers from hernia which the conservative surgeon of to-day relegates to the truss-bearing army of invalids."

'LECTURES ON ECTOPIC PREGNANCY AND PELVIC HÆMATOCELE.' By Lawson Tait, F.R.C.S., LL.D., Professor of Gynecology in Queens College, Birmingham, England; Surgeon to the Birmingham and Midland Hospital for Women.

This is the title of a work recently issued. Like every thing else this author undertakes, this subject is pretty thoroughly investigated and reduced to a simple and comprehensive issue. Space will not permit a lengthy criticism of this work, but there are a few points that are worth referring to. The cause of ectopic pregnancy is due, in the first place, according to the author, to an inflammatory condition of the Fallopian tubes, which destroys the minute tender ciliæ that line the tubes. These ciliæ, when in a normal condition, serve to propel the ripened ovum down along the tube to the uterus and at the same time prevent the spermatozoa from ascending the tube. When destroyed by an inflammatory attack these ciliæ lose their power. The ovum will have no aid to pass down, but may rest in the tube until an active spermatozoon comes along and there impregnates it. It there develops in the tube until the rapidly growing fœtus so distends the tube that it ruptures. This rupture takes place either upwards into the peritoneal cavity, when it is almost always fatal, primarily by hemorrhage, secondarily by suppuration and peritonitis, unless operated upon at the time of rupture, or it may rupture downwards between the folds of the broad ligament with the following results: (a) It may go on developing to a viable age; (b) may die and become absorbed; (c)

may die and suppurate through vagina, rectum, bladder or abdominal walls; (*d*) may form a lithopædian, or (*e*) it may re-rupture into the peritoneal cavity. Ovarian pregnancy is possible, but not yet proved. If this theory be correct, and it seems a very natural one, this subject that has hitherto been surrounded by a good deal of confusion and doubt, will be placed upon a much more simple and satisfactory basis.

The complications, difficulties of diagnosis, symptoms and the different methods of treatment are minutely detailed. The electrolytic treatment and its advocates are denounced with a good deal of severity, surgical treatment being the only satisfactory manner of dealing with this trouble.

The book taken altogether is a very excellent contribution and should be read by everyone who is interested in the subject. The author is a little too "slashy" upon those whose opinions differ from his own, and there are several slight mistakes in the proof-reading, but otherwise it is almost certain to mark a new era in the pathology and treatment of ectopic pregnancy.

MACPHATTER.

NOTES AND COMMENTS.

In order to increase the value of this department we would esteem it a great favor if our readers would send us on a postal-card notices of changes in location, deaths, marriages, appointments or any other local news which would be of interest to our subscribers. Please *mark* newspapers so that we can find the item without searching through the entire paper.

Dr. W. T. Corlett, who has been absent from the city for several months, will return about July 1.

Dr. I. N. Himes has gone to Europe to be absent a year. We wish him a pleasant voyage and safe return.

Dr. J. Perrier is absent from the city on a health-seeking trip to the Atlantic coast.

The seventeenth annual meeting of the American Public Health Association will be held in Brooklyn, New York, October 22, 23, 24, 25, 1889.

Dr. Macphatter has located in Cleveland and will open a private hospital at 1091 Euclid avenue, for the treatment of diseases of women.

Last week, Governor Hill affixed his signature to a bill which makes it compulsory for every student before entering a medical college to pass an examination called the "regents." Let the good work continue.

The Evening World of New York has started a subscription list for the unprecedented purpose of paying for medical services to the sick children of the poor of New York city during the heated term.

In the New York Medical Record of June 15, Dr. John Trumbull of Valparaiso, Chili, records a very remarkable case in which the membranes ruptured during the seventh week of pregnancy, but labor did not come on till the eighth month had elapsed, and the child weighing three pounds, fourteen ounces, lived and thrived.

Dr. G. W. Wagner.—The medical profession was not spared in the Johnstown calamity. In the published list of identified bodies we find the name of Dr. G. W. Wagner and after it the names of Mrs. Wagner (presumably his wife) and three children. Those students in attendance upon lectures in the *Cleveland Medical College* in 1878 will remember Dr. Wagner as one of the brightest members of that class.

The address of Dr. P. S. Conner, retiring president of the Ohio State Medical Society (to be found on page 398), should be read and pondered by every physician in the state. It is a significant fact that the State Medical Society, the largest representative body of physicians in the state, should have a membership so small in comparison with the whole number of regular practitioners. It is not complimentary to our professional pride and union of interest. It helps to point the reason why we have no suitable medical legislation in our state. We could have almost anything we chose if we would stand together.

Dr. F. J. Weed, dean of the faculty, gave a complimentary excursion to Rocky River, followed by a dinner at Silverthorn's, to the faculty, their families and the

students of the Medical Department of Wooster University, on Tuesday, June 25. The day was a beautiful one, and the programme, consisting of a game of base-ball between the juniors and seniors, foot-ball, racing, boating, bathing, etc., all passed off smoothly. The ball game resulted in a defeat of the seniors by a score of 10 to 12.

About one hundred covers were spread. Professor Brashear, with Mrs. Weed, led the way to the dining-room at 7:30 P.M. Complimentary resolutions were passed, regretting the unavoidable absence of Professor Weed and also thanking him for the splendid entertainment given, also a resolution complimenting Mr. Silverthorn for the excellent repast. A number of impromptu toasts were responded to by the students and members of the faculty, which were interrupted at 9:30 by the announcement that the train was due in ten minutes.

Such occasions as these are oases in the life of the medical student, and with the passing years become brighter. They ought to be more frequent.

Ontario Medical Association.—The regular annual meeting of this society was held in Toronto on June 5 and 6. This Association is now one of the largest on the continent and the proceedings are usually quite interesting and instructive. The papers this year were above the average and some of them were discussed with considerable animation.

The president, Dr. Henderson of Kingston, delivered an excellent opening address reviewing the progress of the profession in Canada for the last fifty years. Amongst the prominent papers read were the following: "The Radical Cure of Hernia," by Dr. Park of Buffalo, New York; "The Prevention of Puerperal Septicæmia," by Dr. A. H. Wright of Toronto; "Miscellaneous Laparotomies," by Dr. Howitt of Guelph; "Intraligamentous Ovarian Cystoma," by Dr. Skene, Brooklyn, New York; "Cholecystotomy," by Dr. Neil Macphatter, Cleveland, Ohio; "Some Practical Points in Gynecology and Abdominal Surgery," by Dr. Holford Walker, Toronto; "Remarks on Antiseptic Ophthalmic Surgery," by Dr. Buller, Montreal, and "Recent Modes of Treating Fractures Above the Wrist Joint," by Dr. J. E. White of Toronto.

Dr. Temple of Toronto was elected president for the ensuing year, and Dr. Wishart, secretary.

Illegal Practice of Medicine.—In Troy, New York, there would seem to be an admirable opportunity for the enforcement of the existing statutes against the illegal practice of medicine. A resident of that city, some time ago, obtained a diploma from an institution known as the “American Health College” of Cincinnati, claiming, it is said, to be incorporated under the laws of Ohio, which authorized her to practice the “Vitapathic System of Medicine,” whatever that may be. She claims that she was graduated from the college after an attendance of *eight weeks* upon its course of study, and that she also has a certificate from the institution authorizing her to perform the functions of a minister of the Gospel. Acting upon the powers conferred by the latter, it is asserted, she has already officiated at two marriages; but to what extent she has inflicted the Vitapathic system of medicine upon the community has not transpired.—*Medical News*.

Must Dentists who have the degree of M.D. be graduates of dental colleges? A graduate of two medical colleges and has practiced dentistry ten years, and is about to move to Kansas, wants to know whether he can practice dentistry there. The Board of Dental Examiners say that he cannot practice there without being a graduate of a dental college.—*Medical Journal*.

The Minnesota Medical Act.—The present act regulating the practice of medicine became operative July 1, 1887, and succeeded the old medical act that had been in successful operation for four and a half years. The old act was a verbatim copy of the present Illinois act, excepting that the exemption clause was five years instead of ten. . . . The Minnesota act has been enforced in a quiet, conscientious and determined manner by a board composed of the leading representative men of the profession of the state. The present board have held seven quarterly meetings, at which eighty-six physicians have applied to be examined. Of this number, six were refused admission to the class, not having taken three full courses of six months each. Of the eighty entering the various examinations, fifty-one were licensed. Of those who passed, forty-nine were Regulars and two were Homeopaths. Students who were graduates of the two-term schools and those having sessions of less than six months, are prohibited the privilege of practising in the state.—*Medical Journal*.

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ORIGINAL ARTICLES.

A CASE OF LARGE EXTRA-PERITONEAL HEM- ATOCELE—ABDOMINAL SECTION — RECOV- ERY.*

BY MARCUS ROSENWASSER, M.D., CLEVELAND, O.,

Professor of the Medical and Surgical Diseases of Women, Medical Department
of Wooster University.

Mrs. N. L.—aged thirty-six—married three years to her second husband. No children, but four or five abortions of from six weeks to four months. Menstruation painless, at intervals of three or four weeks. Vaginal discharge scant. Applied at my clinic on April 4, with the following history :

Three weeks ago, during a menstrual period, she did a washing and had her feet thoroughly wet and chilled. Her period was checked and on the next day she began to have sharp, steady pain in the abdomen and back, could not walk or stand long, could not sleep and lost her appetite. Micturition became painful and difficult

* Reported at the meeting of the Society for the Advancement of the Medical Sciences, May 20, 1889.

and defecation caused much suffering. The pain was not sufficient to continually confine her to bed, but she was unfit and unable to do work and had been compelled to rest during the greater part of these three weeks. About four days after the cessation of the menses, she began to flow again and has continued so every few days. She had suffered from inflammation of the bowels eight years ago and had spells of "womb trouble" since, whenever she overdid. Never had any other sickness. Never noticed any abdominal enlargement, except that she bloated quite often.

She had a sallow complexion, was somewhat emaciated, with a facial expression of one in great pain. The entire hypogastric region was found exceedingly sensitive to the slightest touch or gentle percussion. The percussion sound was dull over the left iliac region. The cervix uteri was near the symphysis, a hard tender mass filled the posterior vault, of which the mucous lining felt doughy. The local peritonitis was treated by rest, opiates, hot vaginal douche and poultice. The temperature, which was 101° F. on admission to the hospital, soon became normal, and her condition was so much improved that she left at the end of two weeks. There was, however, still a large mass filling up the pelvis and extending above the symphysis with ill-defined outlines. She left with the understanding that she could be readmitted at any time her condition should grow worse.

On her return to the hospital, May 7 (19 days later), it was found that the mass in the posterior cul-de-sac had increased considerably in size, gave a decided sense of fluctuation, and so pressed against the sacrum as to quite occlude the rectum; only gases and liquid contents could pass—an enema could not be retained. The cervix was low in the vagina, immovably fixed behind the symphysis; the fundus uteri could not be felt. On the abdomen the contour of a tumor was visible, occupying the left hypogastric region reaching just beyond the umbilicus. Palpation showed a well-defined, rounded, immovable

tumor with distinct fluctuation, not tender to pressure. Bimanual examination proved the abdominal and pelvic tumor to be one fluctuating mass with distinct, rounded outline, extending slightly beyond the umbilicus above and, with the bulging of the posterior vaginal vault, completing the ovoid below. The patient had occasional sharp shooting pains in the left side ; there was no fever ; she could not retain any food, nor could her bowels be moved ; the urine was normal, and now passed without difficulty.

As the patient could give no history of a previously existing tumor ; as a sharp, pelvic peritonitis has just been encountered, and the mass had increased in bulk and the fluctuation had developed, the diagnosis of pelvic abscess had its strong probability, though the absence of fever was a negative element. With the view of opening the abscess through the vagina, or clearing up of the diagnosis if it proved to be no abscess, the patient was etherized at the clinic on May 9, and four attempts at aspiration were made under antiseptic precautions, without relieving any pus ; only once about 3i of bloody serum was withdrawn. She recovered from the ether and operation without any bad symptom, but continued vomiting and in distress. On May 11 Dr. F. J. Weed kindly examined her with me, and inclined to the opinion that it was an ovarian cystoma, and sanctioned the proposed abdominal section under all circumstances as her only chance of relief.

Accordingly, on May 14, at 9:30 A. M., in the presence of Drs. F. J. Weed, F. E. Bunts, F. J. Havlicek, Anna K. Scott and ten members of the senior class, assisted by Drs. A. F. Spurney and Lillian G. Towslee, the operation was performed. The patient was etherized and the abdomen thoroughly cleansed with soap, bichloride and ether. The instruments were scalded with boiled hot water, no antiseptics being used on them.

The incision in the linea alba was ultimately enlarged so that it extended from the umbilicus to the symphysis.

At the latter point, the bladder, which was displaced to the right and elevated, bulged into the wound and barely escaped injury. The hand introduced into the abdomen found a rounded, fluctuating tumor, movable from side to side, attached above quite firmly to loops of intestine, free at the sides above the pelvic brim and again attached to the sides of the pelvic cavity, higher on the left than on the right. The uterus could not be felt by the fingers (with difficulty introduced between the tumor and the symphysis), though they reached the pubic arch. The anterior wall of the tumor was covered by serous membrane above, while in its lower half the covering seemed to consist of longitudinal muscular fibres. The whole gave the impression, after failing to find the uterus, as if it were a fibro-cyst. Under this impression, to facilitate the contemplated separation of the intestinal adhesions and the subsequent delivery of the uterine tumor, the parietal incision had been enlarged. The fluctuation was so marked that an aspirator needle was introduced to draw off the fluid, but none would flow. While considering the advisability of using a Tait trocar, a few small black clots escaped by the puncture made by the needle. The puncture was therefore enlarged and pressure made on the tumor, when quite a quantity of the same material escaped. Additional pressure from the vaginal cul-de-sac was made by Dr. Weed, and the opening enlarged to admit four fingers, when a number of transverse partitions were broken up, and by degrees the entire contents of the sac evacuated and its cavity irrigated with hot, boiled water. The abdominal cavity was then similarly flooded. At the bottom and through the anterior wall of the sac, the small uterus could be felt. There was but a thin partition between the fingers in the vagina and those in the sac. The advisability of drainage through the vagina was duly considered and abandoned, as unnecessary and not conducive to a thorough antisepsis. A glass drainage tube was introduced to the bottom of the sac and another placed in the ab-

dominal cavity. In suturing the walls of the sac to the parietal incision, it was found impossible to safely put a suture through the softened, short fringe (probably portion of left broad ligament) of the sac wall, so that the left cornu of the uterus was sutured to the abdominal wall to fill the gap. Above, the adherent intestines helped to roof in the sac. The abdomen was closed with silk all-the-way and superficial sutures. The patient was under ether about one and a half hours, and bore it poorly toward the end, so that a number of subcutaneous injections of brandy were made. The amount of clots removed was estimated at fully two pounds. The patient rallied after the operation and at the end of twenty-four hours her pulse was 98, temperature 100°. The bloody serum in the tubes was at first drawn off every half hour by means of a glass, male syringe, with rubber tubing attached to the nozzle. When the secretion became less profuse, it was sucked out once in two or three hours, and after a few days the suction process became unnecessary. To prevent the stagnation of any fluid in the tubes, wicks made of absorbent cotton were introduced to the bottom (after cleaning with syringe), and these were changed whenever damp. Thus the tubes were kept continually empty, almost dry.

May 16. Pulse 84, temperature 99.8°. Had vomited but once on the p. m. of the first day, and had since retained beef-tea and water as much as allowed. Gases passed freely per rectum; abdomen remained flat, in fact, somewhat retracted. She felt comfortable, requiring no anodynes, and slept for an hour or two at intervals. The tube in the abdomen had broken off on a level with the parietes, but the remaining piece was fortunately removed without difficulty; a smaller glass tube was introduced. For fear of a similar accident, the tube in the sac was removed and replaced by a rubber one. The second tube was found badly cracked, ready to succumb to abdominal pressure at any time.

May 17. Pulse 80, temperature 99.5°. Removed

smaller glass tube. Bowels moved freely (five times) without pain on Zii of magnes. sulph.

May 19. Pulse 106, temperature 100.5° in the A. M., 101° P. M., quite an offensive odor perceptible on withdrawing cotton wick from tube. Wash out sac with sol. merc. bichl. (1: 5,000) every 6 hours, give quin. sulph. 8 grs. and magnes. sulph. Zii .

May 20. Pulse 86, temperature 99° . Odor barely perceptible on withdrawing the wick; continued irrigation twice daily.

May 22. (This constitutes the subsequent history after the report had been read). Pulse 82, temperature 99.2° . Remove balance of sutures, some having been removed yesterday. Union perfect. The patient continued without a bad symptom; was allowed to get off the bed to use the vessel on June 7; allowed to walk about June 12, and discharged, entirely well, June 22.

I had never seen a case of this kind, nor had I any idea that extra-peritoneal hematocele could attain such dimensions; the tumor was not seen during early development; it continued to increase in size; the fluctuation was so distinct, yet so deceiving, that my mistaken diagnosis may be condoned; especially as this disease is infrequent, and in my case the patient would have succumbed to vaginal incision had I performed it, as I would have done on recognizing the real condition.

For the present I call attention to the ease with which the after treatment was conducted; to the almost *absolute certainty* of *avoiding sepsis* from decomposing blood clots, a condition which vaginal incision and irrigation will, *by no means*, secure. Further, to the fact that there was *no decomposition* in this large mass of clots *nine weeks* after the occurrence of hemorrhage. The breaking of glass drainage tubes also needs explanation. A few weeks ago, while performing a laparotomy, a tube broke in the abdominal cavity, just before I had tied the suture; the remaining end was removed without harm. My experience with these tubes (they came from Philadelphia) would

warn me against using any more *with perforations* near the bottom. A plain, unperforated tube of strong, annealed glass will answer just as well and make no mischief. I shall reserve for a future study the comparative merits of abdominal section and vaginal incision in the treatment of extra-peritoneal hematoceles.

A FEW OBSERVATIONS ON THE ETIOLOGY, PROGNOSIS AND CURE OF INCIPIENT CATARACT WITHOUT OPERATIVE INTERFERENCE.*

BY A. R. BAKER, M. D., CLEVELAND, O.

OBSERVATION I.

I was consulted by Mrs. S., aged forty-three, in the spring of 1884, on account of loss of sight. I found that she had a cataract of the left eye almost mature, *i. e.*, she could not count fingers and no red reflex could be seen from the fundus with the ophthalmoscope; with the right eye she could only count fingers with difficulty at six inches. I could get a slight reflex from the fundus, but was unable to see any of the retinal vessels.

The history of the case led me to suspect diabetes, and upon examining the urine, I found large quantities of sugar. I prescribed tablets of iron, arsenic and strychnine and gave the patient a diet list, in which all articles of food not marked were positively forbidden. The directions were followed very faithfully. The sugar diminished in quantity very rapidly and at times disappeared entirely; but what was most remarkable was the immediate improvement in vision. In the course of a few weeks she was able to read ordinary newspaper print, and with the ophthalmoscope I could see the retinal vessels distinctly in either eye.

My note-book contains a memorandum, April 25, 1885, stating that her vision at that date in left eye was

* Read before the Ohio State Medical Society, Youngstown, May 22, 1889.

$\frac{20}{70}$ (S.) and right eye $\frac{20}{60}$ (S.). For a period of over four years the patient was under my observation. Almost all the time there was a little sugar in the urine; at times, after some indiscretion in diet or exposure to cold, there would be an increase in the amount of sugar excreted, and almost simultaneously a decrease in the visual acuteness.

In September, 1888, Mrs. S. was called into court as a witness in a case which involved the title of her home; was kept on the stand all day; on the way home she was caught in a shower, had a chill that night and died of diabetic coma in less than a week.

Remarks.—Similar cases are not unknown to ophthalmological literature. Dr. Seegen reports two cases in his work on "Diabetes Mellitus." One case was that of a man aged thirty-nine, who in July, 1863, noticed that his sight began to fail; this was about six months after the first appearance of diabetes. The lenses were cataractous. Under treatment at Carlsbad, the lenses cleared; the quantity of urine was reduced about one-half, although the sugar remained about the same. In the spring of 1865, the lenses again became opaque.

The other case was that of a woman aged fifty-five, who was first seen in the autumn of 1867, soon after which the sight began to fail. She was treated for diabetes in February, 1868, and while under treatment the lenses became clear again.

Dr. Tannahill also reports a case of a coal miner who was seen while in prison. He had suffered from diabetes for eleven months. Both lenses were opaque—the left more than the right. He was put on the ordinary diabetic diet, and was given two grains of opium daily. While under treatment his sight began to improve; the opaque lenses gradually cleared, and upon inspection, when he was discharged from the prison, no trace of the cataract remained. In 1885 Mr. Nettleship reported a similar case to the London Ophthalmological Society.

OBSERVATION II.

Mr. O., aged sixty-two, mature cataract of right eye ; immature cataract of left ; vision (S.) $\frac{20}{200}$; operation of linear extraction performed on right eye in October of 1883 ; vision after operation, $\frac{20}{30}$. As I usually examine the urine as a routine practice in all cataract cases, I did so in this, and found quite a large amount of albumen. There was a slight hypertrophy of the heart, but no valvular disease found. Dietetic and medicinal treatment for the albuminuria was instituted, with quite satisfactory results. At the end of a year, I was informed by the patient by letter, that his sight in left eye had improved very much, and that his spectacles were unsatisfactory. I saw the case soon afterward, and found that his vision had improved to $\frac{20}{50}$ (S.) in this, the unoperated eye ; and that he had discarded the cataract spectacles and was using his old ones, with which he claimed to see better. He continued to use a pair of +2.50 D. lenses which I gave him until about one year ago (five years), when his sight began to fail rapidly in the left eye, and he returned to the use of the cataract lenses. About the same time, there was a decided increase in the amount of albumen in the urine, and at present, the old gentleman is suffering from œdema of the feet and legs and other serious results of kidney disease.

Remarks.—I have found albumen in the urine of a large percentage of my cataract cases, usually not in large quantities, and in most cases unsuspected by the patient or family physician. But casts and hypertrophy of the heart have usually demonstrated the existence of nephritis. Deutschman has made the same observation, and believes that the coincidence of chronic Bright's disease and cataract is not accidental, and that "we must recognize a nephritic cataract just as we recognize a diabetic cataract, the cause in both cases being constitutional."

I am not aware that any cases are on record in which nephritic cataracts entirely disappeared ; but it has been the observation of everyone that the progress of a cata-

ract is very uncertain, at times progressing rapidly, at other times slowly, and frequently remaining stationary for months or years. Is it not quite possible that if the general health was carefully interrogated, some other than *senile changes* might be found to explain the origin of cataract and enable us to give a prognosis more favorable to the patient than inevitable blindness?

OBSERVATION III.

Mr. C., in 1884, consulted an oculist for failing vision, whose ability to diagnose incipient cataract I could not doubt. A preliminary iridectomy was made prior to the cataract extraction, which, it was said, would be made in the course of a few months at most.

Mr. C. has now waited five years for this cataract to mature, and now, much to his gratification, there is no cataract to be seen or evidence that there ever has been one.

OBSERVATION IV.

Mr. O. D., in 1871, consulted Dr. C. R. Agnew for failing vision. Dr. Agnew diagnosed incipient cataract of both eyes; also found quite a high degree of astigmatism and vision very much improved by cylindrical glasses after dilating the pupils with atropia. Spectacles were ordered, and a prescription for atropia given to be used as long as the vision was improved, and when sight had so far failed as to be unable to count fingers, he was requested to return to New York for an operation. Mr. O. D. thinks he can see just as well now as he could eighteen years ago. He has used the solution of atropia in his eyes every week, and worn the glasses continuously during the entire period.

I have had the case under my observation for the past six years, and have been unable to detect any change in the condition of the lenses during this period.

Remarks.—Cataract, which is usually a disease of old age, characterized by gray hairs and wrinkles, atheromatous blood-vessels and shrunken muscles, owing to its

white color has, in the absence of any other plausible explanation for its existence, been called *senile*.

The patient suffering from incipient cataract has been assured, from time immemorial, that nothing could be done for him, that the disease was a senile one, and as inevitable as gray hairs; and the only consolation offered was, that after becoming totally blind, he might undergo a delicate and difficult operation, which would probably give him partial relief.

Dr. Risley contributed a valuable paper to a recent number of the *University Medical Magazine*, in which he said, "That while opacity of the lense is a disease of advanced life, it does not in all probability depend upon senile changes, but is originated in local pathological states involving the nutrition of the eye itself."

These local pathological changes he believes to be in the choroid, and thinks the changes in the lense and vitreous in later life to be due to the same cause as the impaired nutrition of the sclera, and the resulting posterior staphyloma and consequent myopia in children. He attributes the comparative freedom from cataract in early life to the yielding of the sclera, which prevents the lense from suffering from injurious disturbances of nutrition. In support of this theory of the cause of cataract, Dr. Risley presents statistics of sixty cases taken consecutively from his case-book, in forty of which there was a choroiditis noted, and in many of the other twenty the opacity of the lense was so far advanced as to prevent a study of the *fundus oculi*. He also reports a number of cases in which the opacity of the lense remained stationary for many years, or even disappeared entirely upon proper treatment, directed to the choroidal disease.

CONCLUSION.

If these observations are accurate, should not our views as to the etiology, prognosis and treatment of incipient cataract be modified? If it is true that a large number of cataracts are due to general diseases, like diabetes and

nephritis, and the resulting opacity of the lense may be retarded or cured by treatment directed to the general disease; if it is true that a still larger number of cataracts are due to local pathological conditions affecting the nutrition of the lense, and the resulting opacity may be retarded or cured by treatment directed to the local disease, should not our prognosis, as to the cure of cataract without operative interference, be more hopeful than heretofore?

If progressive myopia is a conservative factor which protects the lense from undue pressure and resulting disturbance of nutrition and opacity, the reason why cataract is a disease of the aged; would be satisfactorily explained. In fact, I think the wearing of spectacles, in high degrees of myopia, as a prophylaxis of cataract, has long been a recognized procedure.

If our reasoning is correct, not only high degrees of myopia, predisposed to cataract, but cases of choroidal disease which result in myopia in young persons, terminate in opacity of the lense in older people, and we may, therefore, conclude that (1) All cases of eye-strain should be removed in early and late life. (2) Cataract is not due to senile causes. (3) That it may be classed among preventable diseases. (4) That incipient cataract may be, by judicious treatment, retarded or even cured entirely. (5) That even if treatment does not accomplish this favorable result, it will put the eye in a healthier condition, and future operations will be undertaken with greater prospects of success. (6) All cases of incipient cataract should be referred to some one skilled in the use of the ophthalmoscope for examination.

TREPHINING.*

BY GEO. GOODHUE, DAYTON, O.

The art of trephining has been practiced for a long time, at first, however, in a somewhat rude way, but like all other branches of surgery, it has had its share of thought bestowed upon it until it seems to have reached a point so near perfection, that of late years very few changes have been advocated in regard to method of operation.

Some difference of opinion still exists in reference to detail, the form of scalp incision, the employment of antiseptics, the manner of drainage and dressings, and the form and size of trephine best calculated to give the most favorable results, as well as the advisability of replacing the button of bone removed.

But the chief question to-day which meets us as practical surgeons, and where difference of opinion arises, is the propriety or necessity of operation.

Epilepsy seeks relief at our hands occasionally, and is there sufficient hope of success to warrant the danger of trephining, is sometimes a matter difficult to determine. Injuries occur that give some symptoms of brain compression, and shall we trephine, is a question involving the interest as well as danger, both of the patient and surgeon; and sometimes *it* is a knotty problem to solve.

Three such cases have presented themselves to me during the past three months, one of which seemed likely, for a time, to appear in court, for a jury of unskilled and perhaps ignorant men to decide whether or not a surgeon of some prominence was guilty of mal-practice by omitting the use of the trephine.

The first case was brought to me February 20, 1889. The patient was a little girl ten years old, well nourished, and peculiarly bright and intelligent.

In September, 1886, she fell through an overshute of a

* Abstract of a paper read at the annual meeting of the Ohio State Medical Society, at Youngstown, May 23, 1889.

bank barn, a distance of eight feet, sustaining a fracture of the clavicle and of the skull over the right parietal region.

She lay in a comatose condition twenty-four hours, and in an unconscious state forty-eight hours. She made a slow recovery, being confined to her bed one month.

So far as I can learn, although the fracture of the skull was observed, no special attention was paid it, and assurances given that it would not interfere in the least with perfect recovery.

In a few months she regained perfect health, with the exception of severe headaches, that occurred at intervals of a week or two. She suffered no other inconvenience for a little over two years, when, in November, 1888, she began to complain of her left side feeling cold.

In January, 1889, were first noticed signs of paralytic trouble affecting the whole of the left side and face. She had now fallen into the hands of a thoroughly competent physician, Dr. J. A. Romspert, through whose advice I was called in consultation.

When she was brought to my office, February 20, 1889, she was unable to walk on account of paresis of the left leg, or to raise her left hand to her head, although she could move both the hand and foot a little. All the muscles on the left side of her face were paralyzed to such an extent that the saliva flowed more or less constantly from the corner of her mouth, and in drinking milk, great care was necessary to prevent its escape.

There was, perhaps, slight anæsthesia of the left side, but it was not well marked. She generally voided her urine and fæces involuntarily. The depression of the skull and scalp over the right parietal region was so great that it could easily be recognized fifteen feet away. I advised trephining immediately, and with the assistance of Drs. J. A. Romspert and J. S. Beck, I operated February 25, 1889.

The scalp was turned back and a large trephine applied to the centre of the depression. The opening thus made was enlarged by means of the bone forceps, until all the bone involved in the depression was removed. The dura

mater was exposed to the extent of an inch and a half in a perpendicular direction, and two inches in a horizontal, extending over both sides of the fissure of Rolando.

The operation was done under strict antisepsis, and as no fever of consequence developed, the primary dressing was allowed to remain until March 3, when the wound was found completely healed except in the immediate vicinity of the drainage tube. At the end of the first week after the operation she had regained control over her urine and fæces, and with the exception of a few times she has had no difficulty in this direction since.

The distortion of the face grew less, but is sometimes for a few days nearly as great as ever, when it again grows better. The paralysis of upper and lower extremities, which had been advancing quite rapidly previous to the operation, ceased to progress, but as yet shows no sign of improvement. Her mind, which was peculiarly bright at the time of the operation, has shown signs of failure during the past six weeks, and although her appetite and digestion are perfect and her body well nourished, there seems to be a progress of the malady in some of the brain centres, upon which depend intellectuality and self-control, which makes the prognosis bad and raises the question whether or not a further operation is indicated.

These three cases present many points of interest to the practical physician, as well as surgeon. The family physician is generally called in cases of injury of this kind, whether he be a surgeon or not, and responsibility for immediate operation or delay is naturally thrown upon his shoulders. Each one of these cases teaches a lesson. They all come under the head of delayed operations. The first involved a delay of over two years ; the second, sixteen days ; the third, two days. If early operation had been performed in the first case, it is altogether probable that there would have been prompt and permanent recovery. By the delay, secondary lesions occurred in the brain which the late operation failed to reach, only reliev

ing some of the more distressing symptoms; and the result will be the sacrifice of a bright and promising life. I censure no one for this delay, for she soon began to show signs of improvement, slow, to be sure, yet in the right direction; and we too might have been led to practice conservative surgery.

This case teaches us the lesson that a child will tolerate compression of the brain, which, as he grows older, may cause trouble, and perhaps death.

The fracture in the second case was capable of easy demonstration by physical examination, and delay brought him near death's door and subjected him to the dangers attending cerebral abscess. Considering the extreme exhaustion in this case, and the complication in way of abscess, we may draw the lesson that it is never too late to attempt to save the life of such a patient by the use of the trephine, however small the ray of hope may seem.

Acting upon this thought, I advised operation in the third case, which before the operation seemed as likely to result favorably as the second. The delay of two days I think ill-advised, yet with such an extensive fracture, with the brain evidently lacerated, death was inevitable, whether the operation had been performed sooner or later. The mortality depending upon the operation of trephining *per se*, since the introduction of antiseptics, has been so greatly reduced, that our sins of omission in this department of surgery far outweigh those of commission.

The subject of localization of cerebral function has of recent years been investigated by our best minds, and results ascertained that are sufficiently accurate to be of practical importance. Especially is this true of centres of motion, for disturbances there produce phenomena far more easily recognized than in the intellectual centres, that vary so much in kind and intensity with different individuals. According to our present knowledge of the subject, the centres of voluntary motion of muscles of

the face and extremities are situated almost entirely in the ascending frontal and ascending parietal convolutions; while the centres of intellect, reason and self-control are chiefly located in the first and second frontal convolutions.

These conclusions have been reached by analyzing a large number of cases of cortical lesions of the brain, and each new case adds its own little weight toward verifying or disproving the accepted opinions.

In the first case, we had paralysis of the whole left side, and, according to our generally accepted theory, we ought to have found some lesion on the right side, situated over as well as front and back of the fissure of Rolando. There was a deep and extensive depression of the skull exactly over that region. In the second case, only the first and second frontal convolutions were injured, and here, in accordance with the rule before stated, we had voluntary muscular motions unimpaired, but the reason and intellect were entirely dethroned.

Each year more light dawns upon this subject; and ere long I trust we shall entirely discard the old rule of applying the trephine without any fixed law, each case being a law unto itself, and supply in its place a new law, established on a scientific basis, which shall enable us to apply our instrument with a fixed and certain purpose in our mind, and in accordance with formulated rules.

A USE IN DIAGNOSIS FOR UREA.*

BY JOHN P. SAWYER, M.D., CLEVELAND, OHIO.

After reviewing a new technical method for the estimation of urea, Weyl of Berlin asks, "When is the determination of urea of clinical interest?" implying by it, "Is the quantitative estimation of urea ever helpful to the practitioner?"

That it is of daily or weekly importance, like the de-

*Read at the Cuyahoga County Medical Society, July 11, 1889.

termination of albumen or sugar, none would affirm. Many deny that it is ever of practical interest. This sweeping denial seems too strong, and this paper is written for the purpose of showing that occasionally the finding of an increased excretion of urea furnishes a useful guide to the physician in directing the recovery of the patient. It is not intended to deal with the condition commonly described as uræmia, understanding this to be the group of phenomena resulting from the retention or diminished secretion of urine, for instance, in Bright's disease. In such conditions, to calculate the amount of urea excreted is of no clinical benefit, for in the vast majority of such cases, the poisoning results from failure in the excreting function of kidneys in the course of disease already diagnosed. Here, of course, the finding of much or little urea sheds no new light on the condition.

But believing in Voit's statement, that "symptoms of disease originate whenever any substance which does not belong to the composition of the economy accumulates in any quantity within the body, and is not eliminated from it," it is desired to show that diabetes having been excluded, a knowledge of the fact that too much urea is being excreted is of great assistance in treatment.

All agree that urea is the chief waste product in tissue destruction, and that its amount varies in health within wide limits. Furthermore, it is quite clear from experiments that a considerable quantity of urea may be present in the blood without producing any of the phenomena of uræmia or discomfort in the animal.

Feltz and Ritter found that by the injection into veins of large quantities of solutions of urea, little or no effect was produced. Fleischer of Erlangen injected sterilized urine into the jugular veins and peritoneal cavities of dogs, and provoked only a passing emesis. It would appear from these unquestionable observations, that at the outset we would be obliged to accept a negative answer to our query, but for the researches of Pouchet, Gautier

and Bouchard. In 1880 Pouchet published his discovery of an alkaloid, crystallizable, readily uniting with acids, and toxic in its effects. Gautier followed with the isolation of several others, among them xanthocreatine, of which we are informed that, "it separates from muscle substance in well-defined crystals, which exhale in the cold a faint cadaveric odor. They are toxic even in minute dose, determining faintness, somnolence, extreme fatigue, repeated diarrhoea and vomiting." These alkaloids are formed in the metabolic processes of health, and are excreted rapidly from the kidneys.

Bouchard's experiments are confirmatory in respect to the relatively slight toxic activity of urea, and the effect of the alkaloids mentioned. Farther than this, he has, by a most ingenious and painstaking series of experiments upon the subject of auto-infection, showed the relative toxicity of these principles, and what is of special interest to us here, also the sources from which they are derived.

It should be stated at this point that Bouchard found profound effects, convulsions and coma, produced by the intravenous injection of solutions of certain salts, especially those of potassium, which he estimates to be forty times as poisonous as those of sodium. His estimate of the relative toxicity of urinary constituents is about as follows: Two-fifths due to the substances fixed by animal charcoal; one-ninth to urea; and the balance almost entirely to mineral salts, chief among them those of potassium.

Returning to the sources of these principles, he arranges them, "first, the aliments and especially their potassium salts; second, the absorbed soluble products of intestinal putrefaction; third, the secretions (bile, saliva, etc.); fourth, tissue destruction."

The two chief sources, then, of these toxic principles are the food, and the putrefactive changes it may undergo in the intestinal tract.

Now an animal diet favors the production of urea and

is also rich in potassium compounds, and secondly, such a diet is peculiarly favorable to intestinal putrefaction.

It is here that especial stress must be laid. The conditions which favor the excretion of urea are favorable to the production of the poisonous principles usually excreted by the kidneys. Of course it is not intended here to assert that whenever urea is produced in unusually large quantities, along with it is found excessive production of leucomaines or other toxic urinary principles.

But the question arises, "In a patient with digestive disturbance, with symptoms fairly attributable to an auto-infection, are we not justified in looking for an increase of urea, and, having found it, in concluding that such infection exists?"

We must remember that in health the production of these principles is very small and their removal by the kidneys very rapid. We know, further, that "renal organs perfectly sound may be unable to throw off the products of decomposition with sufficient rapidity to preserve health in case of their sudden unusual increase in the economy." This is analogous to the often observed fact that contracted kidneys are fully equal to their work so long as the waste products are of small amount.

But it is not necessary for auto-infection that these waste products be rapidly and in enormous quantities thrown upon the kidneys for excretion. Carter, in his Bradshawe Lecture on Uræmia, last year, said, "The accumulation of toxic products in the blood and tissues is often very slow, and the slighter the warning afforded by early symptoms, the more valuable will treatment be likely to be."

If this gradual accumulation may occur from normal production, overtaxing kidneys rendered incompetent by disease, surely we may expect its possible occurrence when normal kidneys are overtaxed by excessive production of nitrogenous waste.

We have then to consider that either by errors of diet or faulty digestion the blood and tissues may slowly be-

come loaded with an excess of nitrogenous compounds; and that when this excess does exist it is because the kidneys have failed to thoroughly rid the system of these products.

It is in these cases that we would expect to find a large amount of urea in the urine, for urea is the most abundantly formed product of this class.

In such conditions, the obvious plan to be pursued is to cut off the source of the supply.

And Bouchard sets forth these principles for the treatment of uræmia:

"1. To cut off the urinary poisons at their source, now that we know to some extent of what these poisons consist and whence they are derived. Under this head we recognize the great importance of (*a*) limiting potassium salts in food and medicine; (*b*) of simple, easily assimilated diet; (*c*) bowel disinfection; (*d*) maintaining the functional activity of the liver for this purpose; (*e*) care in the nature of nutrient enemata when these are given.

"2. In directly or indirectly withdrawing or diluting the poison by venesection, purging, sweating or transfusion.

"3. To burn up the poison by active exercise and administration of oxygen or oxidizers.

"4. Antagonize the poison, or, at least, overcome special symptoms."

He reports also four cases treated on these principles by his colleague and himself, of which he says that while they are but four facts, and their fewness forbids generalization, still they afford encouragement to look for greater results to be attained in this line.

Here it is well to call to mind those cases of Bright's disease in which headaches are a distressing symptom. In many of these cases the headache occurs in a time of slight constipation and is relieved by a diarrhœal evacuation of the bowel. If the languor, headache, somnolence, etc., be produced by some such body as xanthocreatine, the working of the process is not hard to follow. And,

as Carter says, an empirically established fact of this kind is as valuable in medicine as any other.

If an excess of urea in the urine direct our attention to or strengthen our suspicion of the presence of these nitrogenous bodies in the economy in harmful proportion, however slight that may be, surely the finding of it is no inconsiderable aid in handling a somewhat troublesome class of cases.

I have now to report three cases in which the finding of urea in large quantity in the urine proved of signal assistance in treatment:

Case A. A stone-cutter about fifty-five years old. Consulted Dr. P. H. Sawyer and complained of great weariness; pulse was rapid, 120, and increased by such slight effort as walking across the room; pale, anæmic, and œdemas amounting to anasarca; no rise of temperature. The general appearance was that of an advanced case of Bright's disease. No albumen or sugar could be detected in the urine. Had never eaten much meat. Was put upon a milk diet, with digitalis, iron and wine. For a few days there was an apparent improvement, but soon retrograded. Dr. Scott saw the case in consultation and concurred in the opinion that the case was probably one of pernicious anæmia, and the treatment was continued. About this time a specimen of urine was found to contain no sugar nor albumen; spec. grav., 1.036, and so loaded with urea that the test-tube, in which the nitric acid test for albumen was made, was clogged with the crystals of nitrate of urea. The patient was in a very weak and reduced condition, but in spite of this, all alcohol was withdrawn, vegetable diet was directed, and tartrate of iron and potassa, in five-grain doses thrice daily, prescribed. The man rapidly and steadily gained, and in October went into the country. He became able to resume his work and would have done so but for the season of the year.

Case B. A man thirty-eight years of age, carpenter. Had been for a year under homeopathic treatment for an ulcer of the leg, remaining after an operation for a

supposed necrosis. Was found suffering from diarrhœa, stools offensive, headache, anæmic, eyes puffy, pulse rapid, 96, but no rise of temperature. The ulcer was discharging a thin, foul-smelling, acrid discharge, and was as unhealthy in appearance as any I have seen. The patient had been able to do no work, and was very listless, gloomy and irritable. An examination of the urine showed a sp. gr. of 1,033, no albumen or sugar; over 70 grms (estimated) of urea per day. Found that he had been eating freely of meat for over a year, having been told it would strengthen him. A vegetable diet was directed and chloride of iron in small doses. The urea promptly diminished in this case as in the preceding one, and the patient improved in strength and spirits. With the general gain in nutrition and health the ulcer changed its whole appearance, and soon gave no annoyance beyond the attention required to dress it properly.

The necessity of keeping at work for the summer months has prevented any attempt at grafting. Since the early spring this man has not lost a day's work. It is of interest to note that having for a short time eaten too freely of meat, he noticed his former symptoms appearing again, only to subside on resuming a vegetable diet.

Case C. A salesman, twenty-six years old. One year previously had passed through an unusually severe illness of typhoid fever.

Had been growing listless, weak and forgetful. Having some diarrhœa he came for a prescription and was given an astringent, but with no benefit. He returned with the statement that he feared he was losing his mind, for he could not keep his thoughts about him, forgetting in going upstairs for what he had started, and often having to ask his customers to tell him again what they wished. As a measure of precaution an examination of the urine was made and no albumen or sugar found, but a spec. grav. of 1,031 and an excess of urea (over 65 grms. per day for 125 pounds body-weight). Inquiry developed the point suspected, that the patient ate freely of meat two

and three times daily. He was restricted to meat once a day, exercise directed (but not taken), and no medicine prescribed.

Improvement was speedy, and in a few days the patient expressed himself as feeling as well as ever, and has so continued.

In all these cases, the languor, depression of spirits and headaches, with loss of ambition, are prominent symptoms. Diarrhœa, with ill-smelling stools and occasional vomiting, was observed. These symptoms were accompanied by no rise of temperature, but the pulse was markedly accelerated and not of high tension.

In each of them, improvement or recovery followed the adoption of a treatment directed to an auto-infection. In each, also, the suggestion which led to treatment was due to the excessive amount of urea in the secretion of kidneys presenting no evidence of organic disease. Here the urea served no other function than an index to what was occurring in the metabolism of the body. Its fitness for this purpose rests on the ease with which it is determined approximately, and the fact that the conditions under which it is produced in excess are those which favor the production of the other toxic urinary constituents. The desirability of such an index lies in the difficulty of directly estimating these noxious bodies.

The cases presented are few, but the uniformity of the results and their successful character have given encouragement to believe that the approximate estimation of urea may prove of real value in diagnosis.

CORRESPONDENCE.

BRATTLEBORO, VT., July 11, 1889.

Editors MEDICAL GAZETTE:

I have had the pleasure of attending here a two days' meeting of the Vermont State Medical Society. I have been treated very civilly—was voted the privileges of the floor by invitation. The program was not a very long one, but the subjects were well chosen and of such a character as to elicit discussion. The writers and speakers all showed a wide knowledge of the present status of pathological views of the most recent opinions in bacteriological investigations, and the papers on anæsthetics and antiseptics in surgery and gynæcology were exhaustive. The annual address in the evening of the first day, on "Thrombosis and Embolism," by the vice-president, was a complete discussion of the subject, and practical in character. The reference to the obituary of Middleton Goldsmith brought back to many reminiscences of 1863-4, of the use of bromine in hospital gangrene. The paper on the Hippocratic oath was a unique production, worthy of the author. It showed the author of the oath to have been a man of eminently good character, as well as giving to his pupils and followers a code of ethics which, if followed, would make the members of the profession men good in character and moral in principle.

Drs. H. D. Hotlan and J. Draper gave to the members of the society entertainments, where they met several distinguished gentlemen of the legal profession, together with gentlemen and ladies of Brattleboro. All seemed to enjoy this part of the program.

I enjoyed very much a visit to the lunatic asylum here, one of the oldest in this country. The present medical officers are, Dr. Joseph Draper, superintendent; Dr. S. E. Lawton, first assistant, and Dr. W. E. Bowie, second assistant. They are affable gentlemen, evidently eminently qualified for their positions. This asylum was organized in 1836, by a small endowment in trust to a board of trustees appointed by the donor. From this small beginning, by good management, it has grown

to its present dimensions, having a capacity for four hundred and fifty patients, and owning eight hundred acres of land surrounding the institution. On one side of the main buildings is a large, well-kept lawn. A part of the lawn is traced by wide walks, to which suitable patients have access during the day. To the rear are the vegetable gardens. On the other side are meadows and tillable lands. A considerable part of the work in these departments is done by patients. On the other side of the road running through the lands is a blacksmith's shop and residence. Further along is the farmer's house, garden, etc. A little farther on are large, substantially built and well-appointed stables and sheds for the horses, cows and oxen and farming implements. Back of these, on a rise of land, is a piggery, equally well built for its purposes. Here are bred, raised and fattened the pork for home consumption. About these premises to-day, were at work a number of patients, cleaning up and improving the grounds. I understand that the men who were at work here consider it a favor and a pleasure to be so employed. Beyond these buildings, on a little higher ground, is a cottage, with a wide veranda on all sides and with lawns and flower gardens around. On a hill-side near by are walks and seats in a grove for recreation. This place is called "The Retreat for Female Patients." It accommodates fifteen or twenty at a time. Further on is a well-appointed cottage with similar arrangements for men. Patients are sent to these cottages for two weeks, then returned to the asylum and others brought out. They think it a great favor to take this outing; are perfectly satisfied to stay there, needing scarcely any supervision. In addition to the accommodation of outdoor exercise, across the road from the main building, and on high land, is a large grove of native forest trees, suitably improved for exercise or rest in any way the people may desire, in games or walking, talking or making speeches, as they please. To-day, I saw forty or fifty returning from this place with one attendant. The attendants say that they watch each other and will not allow escapes, nor, as a rule, anything done contrary to orders. I have seen nothing approaching in character in the management of any similar institution in this country. I am satisfied that on hygienic considerations, such management procures more for health and improvement than any other.

Penuriousness in public authorities in not providing the best possible means for the treatment of this most unfortunate class of people is wrong. Another good feature here—at every point there is an abundant supply of good spring water brought from the mountain, which is an invaluable advantage. Every institution of the kind should have such a supply for all purposes.

One thing I have forgotten to mention which I noticed in the society reports, that all the members did not swallow the bacillus without digestion. Inquiry has been made in other quarters (*New York Medical Journal*) whether “There is not a pre-bacillary state of the constitution.” If consumption is contagious, “At the same time, everyone must admit that it is but slightly so.”

Respectfully,

W. J. SCOTT.

The Cleveland Medical Gazette.

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EDITED BY A. R. BAKER AND S. W. KELLEY.

EDITORIAL.

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At the request of the library board, we publish the following list of books contained in the reference department of the Cleveland Public Library. As will be seen, the library contains a large number of valuable books of reference; and if this number of the GAZETTE is preserved for future reference, it will be of great assistance to anyone wishing to refer to the books contained in this library. We wish particularly to call attention to the number of reference books in this collection, such as 'Ashurst's Encyclopedia of Surgery,' 6 Vols.; Fox's and During's 'Atlas of Skin Diseases,' 'Keating's Encyclopedia of Diseases of Children,' 'Reference Hand-book of Medical Sciences,' 8 Vols., etc., etc.

It is the purpose of the library board to make additions to the library from time to time of such books as these, as they are expensive works which many physicians cannot afford to buy for themselves. Books can be taken from the reference department for a limited period, by complying with the rules of the board.

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 Carter.—Diseases of the Eye.
 Daguene.—Manual of Ophthalmology.
 Dixon.—Diseases of the Eye.
 Donders.—Accommodation and Refraction of the Eye.
 Fuchs.—Causes and Prevention of Blindness.
 Hartridge.—Refraction of the Eye.

- Jeffries.—The Eye in Health and Disease.
 Kramer.—Aural Surgery.
 Landolt.—Refraction and Accommodation of the Eye.
 Lowne.—Ophthalmic Surgery.
 Mittendorf.—Diseases of the Eye and Ear.
 Nettleship.—On the Eye.
 Noyes.—Diseases of the Eye.
 Owen and Field.—Management of the Eye, Ear and Throat.
 Pritchard.—Diseases of the Ear.
 Roberts.—Detection of Color Blindness.
 Roosa.—Diseases of the Ear.
 Troltsch.—Surgical Diseases of the Ear.
 Valk.—Errors of Refraction.
 Wells.—Long, Short and Weak Sight.
 Wells.—Diseases of the Eye.
 Williams.—Ophthalmic Science.
 Wolfe.—Diseases and Injuries of the Eye.

OBSTETRICS AND GYNÆCOLOGY.

- Atkinson.—Gynæcology and Obstetrics.
 Churchill.—Diseases of Women.
 Emmet.—Gynæcology.
 Fritsch.—Diseases of Women.
 Garrigues.—Diagnosis of Ovarian Cysts.
 Jacobi, Mary.—Question of Rest for Women.
 Leishman.—System of Midwifery.
 Munde.—Minor Surgical Gynæcology.
 New. Syd. Society.—Anatomy of the Human Gravid Uterus.
 Obstetrics and Gynæcology.—Encyclopædia, 12 Vols.
 Parker.—Cancer.
 Parry.—Extra Uterine Pregnancy.
 Playfair.—Midwifery.
 Radford.—Cæsarean Section.
 Savage.—Surgery of the Female Pelvic Organs.
 Smellie's Midwifery.
 Smith.—Gynæcology.
 Tait.—Diseases of Women.
 Tait.—Diseases of the Ovaries.
 Thomas.—Diseases of Women.
 Tilt.—Uterine Therapeutics.
 Verrier.—Manual of Obstetrics.
 Winckel.—Childbed.

ORTHOPÆDICS.

- Adams.—Curvature of the Spine.
 Barwell.—Diseases of the Joints.
 Hutchinson.—Orthopædic Surgery.
 Knight.—Orthopædia.
 Sayre.—Orthopædic Surgery.

SURGERY AND ANATOMY.

- Agnew.—Surgery. 3 Vols.
 Allingham.—Diseases of the Rectum.

- Ashurst.—Principles and Practice of Surgery.
 Ashurst's Encyclopædia of Surgery. 6 Vols.
 Billroth's Surgery. 2 Vols.
 Bock.—Atlas of Human Anatomy.
 Braune.—Atlas of Topographical Anatomy.
 Bright.—Abdominal Tumors.
 Buck.—Reparative Surgery.
 Clark.—Practice of Surgery.
 Curling.—Diseases of the Rectum.
 Davy.—Surgical Lectures.
 Dupuytren.—Injuries and Diseases of Bones.
 Dwight.—Anatomy of the Head.
 Ellis and Ford.—Illustrations of Dissections.
 Ellis.—Demonstrations of Anatomy.
 Garretson.—System of Oral Surgery.
 Hamilton.—Fracture and Dislocations.
 Harrison.—Surgical Disorders of the Urinary Organs.
 Heath.—Dictionary of Surgery.
 Kelsey.—Diseases of the Rectum.
 Medical and Surgical History of the Rebellion. 5 Vols.
 Miller.—Atlas of Anatomy.
 Nunn.—On Cancer of the Breast.
 Ottley.—Surgical Diseases of the Head and Neck.
 Parker.—Cancer.
 Pilcher.—Treatment of Wounds.
 Poulet.—Foreign Bodies in Surgical Practice.
 Salter.—Dental Pathology and Surgery.
 Smith.—Operative Surgery.
 Thompson.—Lithotomy and Lithotripsy.
 Thornton.—Tracheotomy.
 Valpeau.—Diseases of the Breast.
 Warren.—Hernia, Strangulated and Reducible.
 Warren.—Plea for the Cure of Rupture.

THERAPEUTICS.

- Amidon.—Year-book of Therapeutics.
 Anstie.—Stimulants and Narcotics.
 Bartholow.—Antagonism between Medicines.
 Bartholow.—Materia Medica and Therapeutics.
 Blythe.—Poisons, their Effects and Detection. 2 Vols.
 Harvey.—First Lines of Therapeutics.
 Hering.—Materia Medica.
 James.—Therapeutics of the Respiratory Passages.
 Martindale.—Cocoa, Cocaine and its Salts.
 Napheys.—Modern Medical Therapeutics.
 Napheys.—Modern Surgical Therapeutics.
 Phillips.—Materia Medica.
 Piffard.—Materia Medica.
 Ringer.—Hand-book of Therapeutics.
 Sansom.—Chloroform.
 Stillé and Maisch.—National Dispensatory.

Taylor.—On Poisons.

Tilt.—Uterine Therapeutics.

Medical Journals on file in Reading Room :

American Journal of Medical Sciences.

British Medical Journal.

Cleveland Medical Gazette.

Hahnemannian Monthly.

Lancet, London.

Medical Record, New York.

OBESITY AMONG LOCOMOTIVE ENGINEERS.

It has been frequently observed that there is a tendency to obesity among locomotive engineers which we have always attributed to their sedentary habits, combined with plenty of fresh air and temperance in drinking and eating which is characteristic of this profession. The average time of life of the locomotive engineer is that when there is a natural tendency for everyone to grow somewhat stout. But we are willing to forego all our preconceived notions on this subject after reading the following clear and lucid (?) explanation in a recent number of the Medical Bulletin:

“I am constrained, however, to wonder if this fact of his receiving the continuous jar and motion of the engine directly upon the lower part of the trunk, unrelieved by nature's springs, the legs, may not affect the spinal nerves, as well as all the nerve-centres, in some occult manner, resulting in arrested tissue respiration. Would the conclusion of this event be interference with the usual combustion of the carbohydrates, and while digestion and emulsification were not correspondingly impeded, could the fats, by some characteristic centrifugal impulse conformable with the vibro-rotary motion of the engine, arrive at their destination and be retained? Have the essences of nutrition been polarized by molecular agitation, due to the peculiar manner in which the motion is supplied and arrested?”

AMONG OUR EXCHANGES.

Cows' milk, according to DR. A. JACOBI (Arch. of Ped.), ought never to be given to children without the addition of a little table salt, and the latter should be given when the mother's milk behaves like cows' milk as regards solid curdling and consequent indigestibility. Furthermore, salt exercises a beneficial effect on the habitual constipation of children, makes the food more digestible and promotes both the serous and glandular alimentary secretions.

DR. WILLIAM R. LEONARD of New York city has been using the fluid extract of trumpet plant (*Sarracenia flava*) in '*diarrhœa*' (Med. Summary, June, 1889). He confirms the conclusions of DR. J. DABNEY PALMER, who introduced it to the profession in 1869. It stops the diarrhœa promptly in doses of gtt x of the fluid extract every three hours. The taste is but little objectionable, and patients with irritable stomachs will retain it.

For *nocturnal enuresis* of children, DR. WATERHOUSE recommends (Am. Med. Jour.) gtt x to xx of mullein oil to four ounces of water, teaspoonful doses four times a day. He claims that this remedy has, in his hands, cured the most obstinate cases in a few weeks.

A wash of equal parts of lactic acid and glycerin is said to remove *freckles* and to be harmless to the skin (Med. Summary).

DR. LLWELLYN ELLIOT considers Jorissenne's sign as the most reliable early indication of pregnancy (Journal American Medical Association, June 22, 1889). He tabulates twenty cases diagnosticated by this sign. The average pulse-rate was 81 standing, 85 sitting and 83 lying. In five cases out of the twenty the pulse-rate sitting was no higher than standing. In the remaining cases it showed a gain of from two to six beats per minute.

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DR. O. H. PRESBY of New York City (Therap. Gaz., June, 1889) confirms the observations of MIGUEL and RUEFF as to the value of inhalations of corrosive sublimate as an adjuvant in the treatment of *phthisis*. He uses

R

Hydrarg. Chlor. Corrosiv, grs i.

Sat. Sol. Boracic acid, \bar{z} vi. m.

Sig. To be used three times a day with steam atomizer for five minutes.

For the night sweats he uses,

R

Chloral Hydrat \bar{z} iv.

Divide in chart No. ii.

S. Dissolve one powder in a glass of water and add \bar{z} i of alcohol. Sponge patient twice a day. After the night sweats stop and the temperature becomes normal, stop the sponging and use the inhalations twice a day.

A new use for sulphonal has been discovered by DR. BÖTRICH of Hagen, Westphalia (Lancet, April 27, 1889). He claims that in doses of eight grains it will stop night sweats, the beneficial effect persisting somewhat even after the exhibition of the drug has been discontinued.

DR. R. L. HINTON, Prescott, Arkansas (Therap. Gaz., June, 1889), gives cases confirming the popular repute of viburnum prunifolium as an efficient remedy in quieting the "*nagging pains*," which make some women so miserable during the latter months of pregnancy, and cause the doctor so many needless trips. Given every six hours in teaspoonful doses of the saturated tincture of the green root, he finds that it effectually quiets false pains, without in the least hindering true labor pains, thus affording an easy method of discriminating between the two.

Nine cases of *epilepsy* treated with antifebrin are reported by DR. THEODORE DILLER, Danville, Pennsylvania (Therap. Gaz., June, 1889). The usual dose given was four grains three times a day. There were no symptoms of mental or physical depression produced by the remedy

and the number of fits was reduced from twenty-five to seventy-five per cent., as compared with the time when these patients were being treated with bromides and tonics alternately.

It is well for physicians to bear in mind in prescribing, that antipyrin is incompatible with salicylates in the form of powder (Bull. Comm., March 31). As M. PRUDHOMME recently showed, when mixed dry, they appear to undergo decomposition, developing an oily substance, which renders the mixture pasty. In solution, however, no such alteration seems to take place.

For *granular conjunctivitis*, ARNAUTS (Ann. d'Oculist, Jan.-Feb., 1889) prefers brushing the conjunctival surface, after anæsthetizing with a five per cent. solution of cocaine, with a one per cent. solution of corrosive sublimate. This is applied twice a week and the patient is given a solution 1 to 500 of corrosive sublimate to drop into the conjunctival sack three times a day. The conjunctival irritation which these drops cause is said to pass off in a few minutes, and the effect on the corneal vascularity, especially in old chronic cases with severe pannus, is much more rapid than that of the more commonly used caustics and astringents.

A solution of chlorohydrate of hydroxylamin, 1 to 500, in alcohol or glycerin, is claimed by P. J. EICHHOFF to be very efficacious as a wash in *lupus vulgaris*, *herpes tonsurans* and *parasitical sycosis*. The surface is painted with the wash from three to five times a day. The results were specially encouraging in lupus (Jour. de Méd. de Paris, May 12, 1889).

DR. GOUCHER of Algiers (Jour. Am. Med. Association, June 15, 1889) claims to abort *whitlow* by moistening the painful part with water and applying the solid stick of nitrate of silver. No dressing is needed. Pain and inflammation are said to disappear in a few hours.

The suspension treatment in *locomotor ataxia* should be

tried only in the presence of witnesses. Two fatal cases of auto-suspension, viz., that of Dr. Vincent of Clifton Springs Sanitarium and that of a French ataxic, in the department of the Dordogne, have recently occurred from experimenting with the Sayre suspension apparatus when alone.

DR. AUGUSTIN H. GOELET of New York city strongly advocates the thorough trial of electricity before advising laparotomy in cases of *pyosalpinx* and *hydrosalpinx*. He gives a number of cases where the treatment has been effective (N. Y. Med. Jour., June 8, 1889). He uses the positive pole, which is anodyne, sedative, anti-congestive and anti-hemorrhagic, with from thirty to one hundred milliampères of current, from five to ten minutes every day or every other day, according to the condition and tolerance of the patient, and until all pain and inflammatory action have been subdued, and the vaginal vault is not sensitive to ordinary pressure. Then he follows, when needed, with the negative pole for its electrolytic, absorptive and alterative tonic action. He has been able in many instances to evacuate the distended tube into the uterine canal by positive galvanization of the corresponding cornu of the uterus.

NEW BOOKS.

'A COMPEND OF THE DISEASES OF THE EYE.' By L. Webster Fox, M.D., and George M. Gould, M.D. Second edition, enlarged and revised, with seventy-one illustrations. P. Blakiston, Son & Company, Philadelphia. 1888. Price, \$1.00.

The exhaustion of the large first edition of this little work within a year is sufficient proof that it fills a popular want. We have taken occasion before to call attention to the growing tendency to make use of such compends, and point out the difficulties encountered in the endeavor and necessity to compress a *résumé* of the subject within certain limits—logical sequence has to be sacrificed, results stated with no reasons, authorities left out and omissions made without excuse. For these reasons, in the preparation of such compends extraordinary care should be taken to make accurate statements, which are in accord with the best authorities on the subject under consideration, and no one who is not familiar with the literature of the entire subject should attempt such a work, and he should have a mind of such judicial cast as not to permit his personal opinions and bias to outweigh that of the best authorities on the matter under consideration. Judged by this standard, the work before us presents a few serious faults. As an example, on page 29, in speaking of "retinoscopy," the authors say, "The method is universally described as popular, yet each surgeon so describing it does not use it much himself. . . . It is not easy to learn or easy to execute; when patience and skill have conquered the difficulties, etc." It is not necessary to point out the entire ignorance of the subject, both practical and theoretical, by the authors, to anyone familiar with the literature of retinoscopy, or who has made use of it practically. These compends are based on the most popular text-books and the lectures of prominent pro-

fessors, and are of such size as to be easily carried in the pocket. The price is low, and they will be found of service to physicians as well as students.

PAMPHLETS.

[In most cases, anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the *GAZETTE*.]

1. 'SCIENCE IN MEDICINE.' A Thesis presented by Horace A. Mateer, M.D., Ph.D., Wooster, Ohio, April, 1888.
2. 'FORCED RESPIRATION.' By George E. Fell, M.D., Buffalo, New York.
3. 'ALONZO BENJAMIN PALMER, M.D., LL.D. A MEMORIAL DISCOURSE. By Corydon L. Ford, M.D., LL.D.
4. 'RAPPORT SUR LA QUESTION DU STRABISME PRESENTE AU VII. CONGRES INTERNATIONAL D'OPHTHALMOLOGIE A HEIDELBERG.' Per Le Dr. Edmund Landolt, Weisbaden. J. F. Bergman, editeur. 1888.
5. 'TREATMENT OF GLYCOSURIA.' By Charles W. Purdy, M.D., of Chicago, Illinois. 1889.
6. 'THE RATIONAL METHOD OF PREVENTING YELLOW FEVER ON THE SOUTH ATLANTIC COAST.' By J. C. LeHardy, M.D., Savannah, Georgia.
7. 'WHAT IS THE NORMAL POSTURE FOR A PARTURIENT WOMAN?' By A. F. A. King, M.D. Reprinted from American Jour. of Obs. and Dis. of Child. Vol. XXI., No. 4.
8. 'DISEASES OF THE SKIN ASSOCIATED WITH DISORDERS OF THE FEMALE SEXUAL ORGANS.' By George H. Rohe, M.D., Baltimore, Maryland. Reprint from Buffalo Med. and Surg. Jour.
9. 'THE PERINEUM: ITS ANATOMY, PHYSIOLOGY AND METHODS OF RESTORATION AFTER INJURY.' By Henry O. Marcy, A.M., M.D., LL.D. Reprint from Trans. of Assn. of Obstetricians and Gynecologists. Wm. J. Dornan, Philadelphia. 1889.
10. 'MEDICAL EDUCATION AND THE LAWS REGULATING THE PRACTICE OF MEDICINE IN TURKEY.' By Thomas W. Kay, M.D., ex-surgeon to the Johanner Hospital, Beirut, Syria. From Jour. of Am. Med. Assn., June 8, 1889.
11. 'IS MORE CONSERVATISM DESIRABLE IN THE TREATMENT OF THE JOINT DISEASES OF CHILDREN?' By A. B. Judson, M.D., Orthopedic Surgeon to the Outpatient Dept. of the New York Hospital. From Med. Record, May, 1889.
12. 'CONSUMPTION AND ITS CURE: A POPULAR TREATISE ON THE NEW METHOD OF TREATING CONSUMPTION THROUGH INHALATION OF SUPERHEATED DRY AIR.' By Dr. Louis Weigert (of Berlin), with descriptions and illustrations of apparatus, etc., etc. Price 15 cents.
13. 'THE HEATING AND VENTILATION OF THE MANSFIELD SCHOOLS AND CHURCHES.' By R. Harvey Reed, M.D., City Health Officer, Mansfield, etc., etc. From Jour. Am. Med. Assn., April 6, 1889.

14. 'PUERPERAL HYSTERECTOMY OR PORRO'S OPERATION.' By Edwin Ricketts, M.D., Cincinnati, Ohio, Professor of Gynecology of Cincinnati Polyclinic. From Columbus Medical Journal.
15. 'SOME OPERATIONS ON THE GALL-BLADDER, WITH A REPORT OF FIVE CASES.' By Edwin Ricketts, M.D., Cincinnati, Ohio.
16. 'PROCEEDINGS OF THE SIXTH ANNUAL MEETING OF THE OHIO STATE SANITARY ASSOCIATION, HELD AT CANTON, NOVEMBER 14 AND 15, 1888.' Reprinted from the Annals of Hygiene.
17. 'WEEKLY ABSTRACT OF SANITARY REPORTS, VOL. IV., ABSTRACT NO. 12, TREASURY DEPARTMENT, OFFICE SUPERVISING SURGEON-GENERAL U. S. MARINE HOSP. SERVICE, WASHINGTON, D. C., MARCH 22, 1889.'
18. 'EXPERT TESTIMONY AND MEDICAL EXPERTS.' By Orpheus Everts, M.D., College Hill, Ohio.

1. Although thrashing out old straw that has served as a subject for so many theses, valedictory and presidential addresses, Dr. Mateer has clothed the subject in such an entertaining garb that we suspect everyone who commences reading his essay will go through to the end and, we doubt not, gather a few new ideas by the way.

2. Dr. Fell details several cases of opium poisoning and drowning, in which forced respiration was resorted to with good results. Although this procedure is a recognized one in medical literature and practice, and is used very extensively in the laboratory to resuscitate asphyxiated animals, Dr. Fell has patented his apparatus. We regret exceedingly that any physician should sacrifice his self-respect and the good-will of the profession for the few cents which might accrue from the sale of a patented instrument of this kind.

3. No one knew the subject of this memorial discourse so well as Professor Ford, and no fitter one could have been selected by the university senate to deliver a fitting tribute to the life and services of this eminent physician and teacher.

4. This is a valuable contribution to the subject of strabismus by the eminent Parisian oculist, Dr. Edmund

Landolt. There is no subject in the entire field of ophthalmology in which we have as much to learn as that of strabismus, and in this paper Dr. Landolt has done much to solve some of the problems connected with this subject.

5. This is a short, practical paper on this subject, and every contribution to the etiology and treatment of diabetes is of value.

6. Dr. Le Hardy, after reviewing the history of efforts to quarantine yellow fever in this country, comes to the conclusion that it is not contagious. He says that "All the scientific research of the past quarter of a century has failed to discover the immediate palpable cause of yellow fever. The germ is as much an enigma as it ever was, although the microbe has been pictured again and again by enthusiastic microscopists. We have not advanced one step beyond where we were in 1860. Drainage and cleanliness have been recognized from far back in the study of medical science as the fundamental principle in the prevention of all diseases. Experience has proven that these two measures will prevent yellow fever."

7. In this paper, the author, after discussing the subject in a very interesting manner, makes the following reply to the inquiry constituting its title:

(1) There is no *one* posture that can be normal for the parturient woman. (2) The continued maintenance of one posture wastes and exhausts the forces of labor, interferes with the normal mechanism and adds to the duration and intensity of the woman's suffering. (3) Exactly opposite results are produced by proper changes of posture. (4) The indications for change are, instinctive desire for it, arrest of the mechanism of labor, emotional discontent, peevishness and despair. (5) The normal mechanism of labor being at present imperfectly understood, and the influence of different postures upon

this mechanism during the several stages of the several "positions" of the several "presentations" being unknown, the selection of given postures for given conditions cannot be defined without further study.

8. This is not an attempt at a complete treatise, but is a collection of the scattered observations which have been recorded. It classifies the various cutaneous lesions which occur, or seem to occur, in connection with sexual disorders in females, so that the observations are systematically arranged.

9. After reviewing the anatomy and physiology of the perineum, and various methods which have been advocated and practiced for its restoration, Dr. Marcy relates the development of his own method and describes it, setting forth his claims to originality as regards the following particulars :

(1) The dissection of the posterior third of the vagina, not its mucous membrane, from its vulvar attachment, carried as deemed necessary into the recto-vaginal space, and the retention of this flap. (2) In rectocele with prolapse, the closure of the deep layers of the post-vaginal fascia by a continuous buried animal suture, taken either in single or double stitch. (3) In lifting forward the vagina from its vulvar attachment, the retracted transverse perineal muscles, with their connections, can be reached and closed also by a deep buried suture, making in this way a true restoration of the pelvic floor. (4) Coapting all superficial surfaces by a buried animal suture, applied in a blind continuous stitch from side to side, covering the same, when dry, with iodoform colloidion. (5) The application of lateral supports, pins external to the sutures as a splint, to hold the parts in complete apposition without strain. (6) In complete rupture, the lateral dissection, the joining of the rectal and vaginal edges with buried sutures, and then finishing the operation as in complete ruptures.

10. The present agitation concerning medical education gives this little pamphlet a timely interest. Although Turkey has "an area of 1,700,000 square miles, and some 45,000,000 inhabitants," we are wont to think of it as an outlandish country given over to smoking, harems, crooked swords and idle legends of the prophet and the triumphs of true believers over Christian dogs.

But here we find that Turkey not only has laws regulating the practice of medicine, no one being allowed to practice without a diploma, but that to obtain the diploma an examination is required which would put to his trumps most any European or American graduate.

In the Imperial Medical School of Constantinople, which was founded in 1833 by the Sultan Mahmoud, a six years' course is required. The average class is 450, the alumni number 1,400. The faculty consists of 20 professors. There are only four other medical schools in Turkey, but one of which has the power to confer a diploma, and all their graduates are required, before practicing, to pass an examination at the Imperial Medical College, which sets the standard of medical education. Six years of study are required, or an equivalent, in preparatory studies. Each student is required to dissect an entire human corpse his first, and the same his second year, and other branches to match.

"The board of examiners for admission to the study of medicine is composed of the professors of the college, with four others appointed by the minister of public instruction. For the yearly examinations, a board of examiners is chosen by the government medical department and the minister of public instruction, who act conjointly with the professors of the college. These examiners are chosen from the medical men in the employ of the government and private practitioners, all of whom have equal right in voting, which insures a rigid and impartial examination." That isn't so bad, for a horde of benighted heathen.

11. Dr. Judson claims, and we are inclined to agree with him, that more conservatism is desirable in the treatment of the joint diseases of children. He advocates mechanical treatment to arrest function, and a sparing resort to the knife.

12. The new sure cure for consumption by the inhalation of superheated dry air, will be hailed with delight by some of those enthusiasts who received with open mouths, or other openings, the carbonic acid gas cure, the pneumatic differentiator cure and the other sure cures. A new lot of the afflicted will have their hopes and their lungs inflated with this hot air, and we sincerely hope some of them may be benefitted. But before we can believe that the cure is so simple and certain as this pamphlet represents it, we must have a good many more practical clinical demonstrations than have yet been recorded.

13. In this lecture, delivered before the Mansfield Lyceum, Dr. Reed gives the details of his personal inspection of the school-houses and church buildings of the city of Mansfield, and closes with a consideration of the physical and hygienic principles involved in heating and ventilation.

14. This comprises a description of Porro's operation, with an assertion of its merits over craniotomy.

15. Dr. Ricketts claims that "deaths as the result of gall-stones are not as rare as some would have us to suppose, and that earlier diagnosis and earlier surgical interference will save more people suffering from gall-stones, than to rely entirely upon an expectant plan of treatment."

16. These proceedings contain, besides the routine

business of the association, a number of essays, with discussions upon the same, as follows: "Prevention of Typhoid Fever," by R. Harvey Reed, M.D.; "The Water Supply of Canton, Ohio," by Josiah Hartzell, esq.; "The Relation of the Work of the School to the Health of the Child," by Professor E. A. Jones; "Meteorology as Related to Morbidity," by E. R. Eggleston, M.D.; "What is Sanitation?" by G. C. Ashmun; "Hot Air *vs.* Steam in the Heating and Ventilation of Dwellings and Public Buildings," by Thomas Hubbard, M.D.; "The Contagion of Health," by Professor J. J. Burns; "Sewers for Small Towns," by Professor Cady Staley; "The Water Supply of Cleveland," by Professor Albert Smith; "Heating and Ventilation," by Francis C. Bodine, esq.; "Fraud in Dressed Meats," by Lew Slusser, M.D.

17. Comprises the registered deaths and their causes during the week ended March 22, 1889, as reported through the department of state, from England and Wales, London, Ireland, Scotland, Malta and Gozo, Rio de Janeiro, Brazil; Buenos Ayres, Argentine Republic; Marseilles, France; Palermo, Italy; Guaymas, Mexico; Macero, Brazil; Catania, Italy; Sanbagode, Cuba; and mortality table from 23 foreign and 34 cities of the United States.

18. Defines the subject and exhibits some of the difficulties under which the medical expert labors in testifying upon an inexact science.

NOTES AND COMMENTS.

At a meeting of the Alleghany County Medical Society (May 21, Pittsburgh), Dr. McMullen reported eight cases of epidemic cerebro-spinal meningitis which occurred since March 10. The whole number of cases existed in five families, and about five squares apart. Three cases fatal; one after five hours, one sixteen hours after first symptoms and one twenty-seven days after first development of symptoms. One has recovered, with the loss of the sight of one eye, and probably will have some disability of left leg. The treatment consisted of calomel and rhubarb for purgation, and of large doses of bromide and iodide of potash. For pain, opium and belladonna were administered. Dr. Kearns referred to an epidemic of three years ago, in which he became convinced that quinine was the great remedy. Symptoms are to be combatted as they arise, but for general treatment, quinine was most efficacious. He doubted the infectiousness of the disease. Dr. Thomas had used chloral for the last twelve years, since which he approaches the cases with a great deal of assurance. It must be given in large doses, not in five-grain doses nor in forty-grain doses, but in doses just sufficient to control the symptoms.

The students of the Medical School of Maine, at a meeting held in Brunswick, June 24, adopted resolutions to the effect that the benefits of the school are marred by lack of clinical advantages, and favoring the removal of the school to the city of Portland. As advocated by the Maine Medical Association, the *New York Record* pertinently remarks that, "The students at Ann Arbor might read these resolutions with profit."

At a meeting of the New York Academy of Medicine held June 6, 1889, Dr. Prince A. Morrow related his personal observations on leprosy in Mexico and the Sandwich Islands, and in the discussion which followed, the majority of the members were of opinion that there is danger of leprosy spreading throughout this country, and that more watchfulness should be aroused and care taken to prevent it.

The Toronto Medical Society has instructed its officers to prepare, sign and transmit to the Honorable, the Minister of Customs of the Dominion of Canada, asking that medical and surgical instruments and appliances for the sick room be admitted free of duty.

The local medical society was sketched by Dr. William C. Bailey in an address before a recent meeting of the Medical Association of Central New York as follows :

“ A medical society, to serve its highest purpose, ought to be the standard-bearer of the profession ; the magnet that will attract the physician from those secluded caverns of habit in which he, above all others, easily obscures himself, a lever that will lift the wheels of his professional chariot out of the ruts of established routine. It should be the physician's Mecca, whither he may journey, a pilgrim consecrating himself anew in his faith. It should be his Olympia, where he may seek social intercourse and friendship, a recreation for his wearied mind and body. It should be to him an Academia that will broaden his views of life, establish or strengthen religious principles, stimulate and elevate his moral nature. It should be his Athens, whither he may go for increased wisdom, learning in discussion, as did the philosophers of old, obtaining here a knowledge of all progress in operation, treatment, and literature. Finally, it may be his Delphi—the inspiration of his imagination ; for in medicine, as in all science, it is often the prophetic finger of Fancy that points the way to the undiscovered. The world is made up of individuals. In the individual we find a unification of various qualities ; and his success is assured who correlates—or, if I am permitted, educates—those qualities into such perfect harmony that they may attain the highest good. As each component part has its duties, the proper performance of which is essential, if the highest degree of perfection possible be desired, so in organized society the individual cannot wholly escape certain obligations that rest upon him, even though, like Byron's Manfred, he exile himself to the solitude of the Alps.”

A decision of great interest to tenants is recorded in the *British Medical Journal*, April 20. It seems that a Mr. Charsley rented a house of one Mr. Jones, and, owing to defective drainage, contracted typhoid fever. He sued for and recovered damages. The judge in his charge said that “ it seemed to him that the defendant honestly be-

lieved that the house was in fit condition for human habitation, but that was not the question. If the jury thought that the house was not fit for human habitation, the plaintiff was entitled to damages."

Dr. D. Tod Gilliam of Columbus, Ohio, reported to the Ohio State Medical Society three consecutive cases of Alexander's operation, where the operation itself was a failure, owing to the breaking of the ligaments in the attempt to bring them forward. In spite of this failure, however, the patients got up well. This result warrants the query whether the complete reposition of the uterus under ether, according to Schultze's method, and an enforced rest of several weeks would not cure in other cases as it did in these; in other words, whether, after the uterus is replaced and all adhesions are broken up, cutting down on the ligaments and pulling them out are not a wholly unnecessary procedure if the patient can be induced to submit to the necessary confinement in bed without it.

A medical man of Belfast was tried at the Wicklow Assizes for defrauding an assurance company by certifying as a first-class life for insurance a man he examined who died two months after of cardiac disease and dropsy. The prosecution contended that the existence of the disease was known at the time of the examination and that he withheld this knowledge and certified falsely. The jury convicted and the prisoner was sentenced to six months' imprisonment.

Medical Registration in England.—A correspondent of the Journal of the American Medical Association, writing from Liverpool, January 18, 1889, says: "Some of your readers may be unacquainted with the fact that foreign and colonial graduates can register in this country without passing any further examination under certain conditions: 'Her Majesty in council will from time to time define the colonies and foreign countries to which the law is to apply.' Though this act is in force since June, 1887, yet it is a fact that New Zealand is the only country that has taken advantage of the same. It is true that certain American schools have applied for recognition, but not according to law, therefore their claims could not be entertained. The colony, foreign country or state must make application to be recognized first, and this in the case of foreigners must be done through their gov-

ernment and their respective minister in London, and then, if favorably received, the college or university could send in its application for recognition."

Photographing a Nuisance.—"One of the members of the New York Health Department has secured the conviction of the owner of a smoking factory chimney by photographing the top of the chimney in various stages of smokiness. A detective has recently secured the conviction of a violator of the Sunday Liquor law by making an instantaneous photograph of the inside of the saloon and several more or less prominent citizens. This is a new field of usefulness for the camera, the testimony of which may be relied upon always. Possibly the portable camera may yet be a part of the outfit of the sanitary inspector."

Excused from Drawing—Physician's Certificate.—This is to certify that Louisa Humphreys, age seven, 13 East Mulberry street, has personally appeared before me and filed her affidavit that she is afflicted with hypermetropic astigmatism, resulting in severe attacks of exhaustion of the accommodation. She also asseverates that she is afflicted with clonic spasms of the orbicularis palpebrarum muscle, forcing her to nictitate frequently. Usually, about nine o'clock in the evening this condition becomes quite permanent, owing to the clonic condition passing into a continuous tonic contraction, the eyelids generally remaining in apposition for about nine hours during the night. Being duly sworn, she also states that this condition of orbicular insufficiency is universally accompanied by a state of cerebral inactivity, together with more or less complete physical and moral oblivion. She also admits, however, that this mental hebetude may at intervals be interrupted by hallucinations of an agreeable or depressing nature, depending largely upon the amount and specific gravity of the fruit-cake which she may have imbibed before retiring. Owing to the above physical disability, I consider it my duty on behalf of the plaintiff, as her medico-legal adviser, to recommend that she be excused from drawing until further notice.

Very sincerely, F. O. M., M.D.

P. S. It is hoped this document will be the required length, the deponent assuring me that it takes a paper "about so long" (twenty-four inches), to accomplish the purpose.

F. O. M.

—THE—
Cleveland Medical Gazette.

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AUGUST, 1889.

No. 10.

ORIGINAL ARTICLES.

THE MANAGEMENT OF INCOMPLETE ABORTIONS.

BY A. B. CARPENTER, M.D., CLEVELAND, OHIO.

Women who abort during the first three months of pregnancy are more liable to suffer from a retention of a portion of the products of conception than at any other period of gestation, and the question arises as to what is the best method to pursue in the treatment.

There are at present two general plans of management, viz.: the expectant, or watch and wait, and the radical or surgical. While the latter is in general the recognized and accepted form, the former is the one practiced by a majority of the profession to-day; for what reason it is difficult to understand, unless it be easier to watch and wait than to interfere.

More women consult me complaining of troubles dating back to one or more abortions than any other two ailments peculiar to their sex, and it is seldom they give a history of any other means of treatment than the expectant; flowing constantly for months, anæmic, suffering

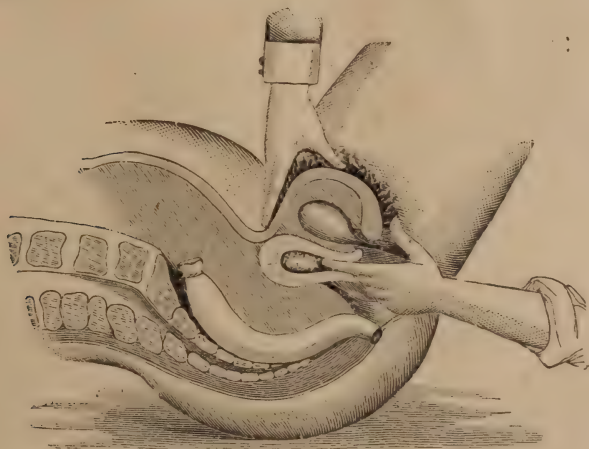
from night sweats and physically wretched, is a pen picture that is easily recognized.

A bit of retained placenta or a large subinvolved uterus, or a case of fungoid endo-metritis explains the condition at hand. Would such a state of affairs exist had the patient at the time of her miscarriage been taken up, the uterus gently dilated, and the retained products of conception completely removed? Many women have lost their lives, and needlessly been sacrificed, by being put to bed and assured that in a little time all would be well.

A case in point will serve as a typical illustration. Some years ago I was called to see a woman who had miscarried three days before and was delivered of a decomposed foetus of about three months. The placenta failed to come away, and the attending physician on leaving placed a sponge wet with vinegar in the vagina, and assured the patient that the after-birth would come away all right; notwithstanding the fact that the foetus was black from decomposition this poor woman was allowed to be left in this way. When I reached the case I found the patient bleeding quite profusely, the abdomen somewhat tympanitic, face flushed, temperature 103° . I was timid, and insisted on having council; the husband quickly secured the desired aid, the result being that nothing was done except *to tampon and wait*, and let things take their course. The case ran on from bad to worse and the woman died. Her life was sacrificed, and I look back with most melancholy feeling at the management of the case. If this poor woman had been taken up and the uterus emptied of its foul, decaying contents she might have been alive to-day.

There are only two forms of radical treatment deserving of mention, first, the bimanual, as shown in the following cut, No. 1, and the surgical, as illustrated in cut No. 2. Of the former I can only say that, in my hands, it has not proved satisfactory, for the reason that, in firmly adherent cases, it is very difficult to perfectly remove the placenta,

and menorrhagia is quite likely to follow. It is also an exceedingly difficult matter to accomplish in cases where the miscarriage follows the first pregnancy, the uterus never having been dilated. I never use the method, preferring to at once go in and dilate and then curette.



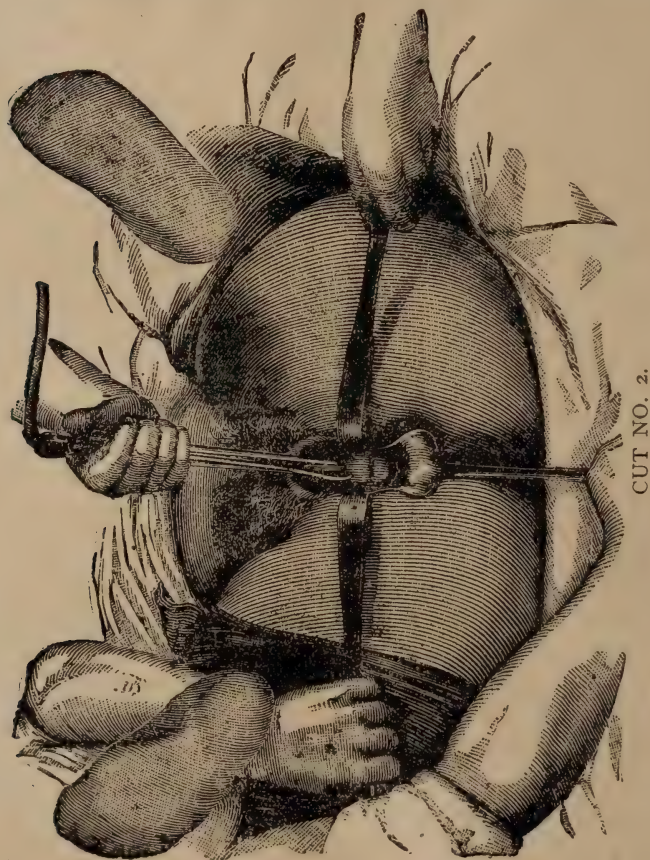
CUT NO. 1.

MANAGEMENT OF THE CASE.

In 1885 I had the privilege of attending the practice of Dr. August Martin in Berlin, and I was particularly impressed with his method of handling these cases. What seemed to me before as a dangerous procedure now appeared simple and safe; and it is Martin's method that I now universally employ. Cut No. 2 is taken from his work on diseases of women, and will serve to illustrate the steps in the operation.

The patient is first anæsthetized, then placed on the back with the hips drawn well forward to edge of the table or bed; the vagina next well cleansed with bichloride 1-2,000; a short flat-bladed speculum is introduced into the vagina; a couple of lateral retractors are also introduced and held in place by assistants; the cervix is next seized by a locked-handle Volsellum forceps and

drawn gently down; a steel or hard rubber dilator is then introduced and the uterine canal dilated sufficient to admit a large-sized dull curette; a uterine irrigator, attached to an ordinary fountain syringe, is made use of for washing out the uterus, and is alternated with the curette. The washing and curetting is carried on until by the sense



of touch we feel the uterine canal to have been cleared of all placenta *débris*, and then a half drachm of tincture of iodine is injected into the canal by means of a Braun syringe, the nozzle being introduced well into the fundus, and while gently forcing the liquid from the syringe slowly withdraw the nozzle. When this is finished the

work is complete; the patient is then put to bed and, unless pain is severe, no anodyne is given, as it tends to check the secretions, which it is important should not occur. Ten grains of antipyrine should be given night and morning for a day or two. I give antipyrine for two reasons: First, it is anodyne in its effects, and thus tends to supply the place of opiates; second, it is a systemic antiseptic of great value, and thus prevents high temperature.

One very important point in the after-treatment is the lochia. This should be most carefully watched, and should it disappear during the first few days following the curetting, the patient must be immediately taken up, a speculum introduced and the dilator gently inserted into the uterine canal. This will permit of a free discharge of the pent up secretions, which are caused by a contraction at the internal os. The close observation of the lochia is a point of great moment, and the success of Martin's plan depends largely upon this way of treating its disappearance.

I have operated many times according to this method and have yet to see in a single case bad results follow. More than once have I operated after the patient had had repeated chills, the temperature registering above 103° . One case in particular: the woman was suffering from an incomplete criminal abortion; she had had two chills; her temperature was 104° at the hour of the operation, but in twelve hours it had fallen to 99° , and her convalescence was so rapid that the physician in attendance allowed her to leave the city in a fortnight's time. What would have been the result in this case had the woman been put to bed under the expectant plan? I might go on and report a score of cases, but it is unnecessary, and to summarize will say,

(a) Women suffering from incomplete abortions should not be put to bed and let alone.

(b) Women so treated are exposed to the dangers of sudden hemorrhage and septicemia.

(c) Women so treated are liable to a protracted convalescence, and are not unfrequently completely invalidated.

(d) By Martin's method the cases quickly convalesce, and the operation is almost entirely free from danger.

(e) Antipyrine will do more in the after-treatment than any other remedy with which I am acquainted. Opiates check secretions.

(f) As to the merits of the two plans, *expectant* or *operative*, the latter is so superior as not to admit of comparison. Ten women die under the former, to one under the latter.

166 Euclid avenue.

SALUTATORY ADDRESS AT COMMENCEMENT OF MEDICAL DEPARTMENT OF THE UNI- VERSITY OF WOOSTER, JULY 24, 1889.

BY DR. C. F. DUTTON. .

Mr. President, Fellow-Workers, Ladies and Gentlemen:

The occasion which brings us together this evening is one suggestive of many thoughts, of various labors and of pleasant memories. I am called to address you, however, without the opportunity of choosing my topic, or of having made any but hasty preparation. But little time has elapsed since my name was placed on the programme for this evening, and that little has been seriously broken by labors more severe and far less pleasant than that now required of me. I welcome you gladly, however, to this audience room to-night, for here are to appear at the close of our exercises a class of young men just entering the border-land of professional life, of whom we hope and expect that their *Alma Mater* will have reason to be proud, and to whom, by their intelligence and fidelity, many a future sufferer will have reason to be grateful. I welcome you because you are soon to listen to the eloquent words of the principal speaker of this evening, who has kindly consented to address us, and

whose rich language and noble thoughts have before now charmed and thrilled the hearts of thousands of our fellow-citizens. I welcome you again to an opportunity to listen to the music of those whose sweet tones have often touched the heart-strings of many a silent listener, and provoked to joyous laughter or melted to flowing tears. I welcome you to the words which others still may utter, and only crave your attention for myself for a few tedious moments which will soon be over.

And first let me make a few brief statements in regard to the Medical Department of the University of Wooster from which these young men are about to graduate. This school has been in existence for twenty-seven years. It has been liberal, in that it has been, and is, a co-education school. It has not advertised itself as exclusively for men or women, but, like the more advanced literary and professional schools of the country, has welcomed both sexes to its opportunities on equal terms. Its standard of requirements is made in compliance with the demands of the state boards of West Virginia and Illinois.

It has refused diplomas to a larger per cent. of candidates for graduation than has any other school in the state, while its requirements for admission have been in all respects as severe.

It compels attendance by daily roll-call at the hour of each lecture, noting the absence of any student.

Its full term of lectures, given during the spring and summer months, has attracted to it a large proportion of students from young men who teach winter schools, thus insuring unusually intelligent classes. There were twenty-nine teachers out of its fifty-four students in attendance during the session just closed.

It has adopted in part, and contemplates adopting in full at an early date, a graded course of three years for all its students.

University Hospital, established and owned by its Faculty, has received during the year numbers of free as

well as paying patients, and this, with the free clinics at the college, has afforded to its students ample opportunity for clinical study and observation, while it has been of great benefit and blessing to the suffering poor. For instance, its Gynecological chair, during the term now closing, has given students opportunity to witness twenty-seven operations and the diagnosis and treatment of over sixty other cases of diseases peculiar to women. Its surgical and eye and ear cases have been much more numerous and the list of its medical cases larger still. Its hospital has neither asked nor received assistance from the public, having been supported entirely by income from patients and from funds supplied by the college faculty, while it has opened its doors to, and received and cared for, a large number of non-paying patients. Medicines and surgical appliances have been furnished free to all the poor who have attended the college clinics or been sheltered under the hospital roof. We believe the time has come when this hospital, like other hospitals of the city, should receive public recognition and share in the funds donated by a generous public to our worthy institutions. Such recognition would enable it to do more and still greater good. To this end its management invites enquiry and inspection. The only argument it cares at present to present in favor of such recognition is the extent and character of its humane and benevolent work. The Faculty have paid for clinical and hospital purposes, during the current year, about fifteen hundred dollars which otherwise would have gone into their private purses or been wisely expended for apparatus and other aids to study which the college needs, while they have appropriated nothing from the college income as compensation for lectures or other instruction. This work will continue, and it is believed that when the citizens of Cleveland come to know the measure of good done by University Hospital, they will freely contribute to its support. A medical school which, independently of the public, has supported such a hospital and furnished to its inmates

medical and surgical service as good and comfort as great as that afforded by other hospitals, and at less expense per capita, may confidently present its claims to the community. Any medical school has a right to exist, and to demand public support and recognition, whose main object is to benefit mankind, to alleviate pain, to prevent suffering and lessen and hold back the pressing tides of human misery. Any medical school has a right to exist and is needed which exerts a moral and educating influence, and whose work is in line with the work of others in cultivating mind and heart and in advancing civilization in its onward march toward greater perfection. The more such schools are supported by the people the better for the people. All graduates of medical schools need not, and a large percentage of them do not, practice medicine, but the educating force of medical study and its coördinate branches is of inestimable value, not alone to the student of medicine, but to those who may meet him in any of the walks of life, the marts of business or the pursuits of pleasure.

Much may be said in favor of small schools and many of them. They can give opportunities to students which larger schools cannot give. The advantages to each student in a class of fifty over those to each student in a class of two hundred are self-evident. Ten teachers will give greater personal attention to each member of a small class than is possible for them to give to each member of a large one. Operations made in the presence of large classes are only profitably witnessed by a fortunate few. The same is true of cases presented for treatment at medical clinics. The principle of competition in any and all of life's callings is essential to progress. Medical schools are no exception to this rule. Let there be in any city but one medical college, one street railroad, one church, one dry goods firm, one manufactory, or only one of all kinds of occupations and professions, and that city will soon cease to be progressive. Double these pursuits and you impart new power and life and force and influ-

ence for good to every one of them. Who has the prerogative to decide how many merchants, manufacturers, educators, lawyers, preachers, or even doctors there shall be in this or any other Christian country? Yet there are those who declare that there are too many of all these, and who would possibly advocate too many newspapers and reporters. One would suppose that only themselves should be accorded existence or employment. These believe in the law of the survival of the fittest, and that they only are the fittest. All this may safely be left for settlement to the law of supply and demand.

So long as the earth distills its poisonous miasms, so long as man yields to his perverted appetites and passions, so long as the brothel and the rum-shop find favor and patronage, so long as epidemics march on and contagion seizes alike the innocent and the guilty, so long as the assassin steals forth in the darkness to maim and to wound, so long as heredity taints offspring with the diseases of generations, and the stamp of death descends from parents to children, so long as tempest and flood and fire make wreck of human bodies, so long as these and other unnumbered influences continue to sow the seeds of pain and misery and deformity, so long will there be work, and plenty of it, for the skillful surgeon, the wise physician, the patient investigator in all and every department of medical labor.

A CASE OF SYRINGO-MYELIA.

BY HENRY S. UPSON, M.D., CLEVELAND, O.

Two problems present themselves for solution in the diagnosis of every case of disease of the nervous system: First, What is the nature of the lesion? second, Where is it located? The first of these questions is the more important one to solve, except in certain cases of brain and spinal-cord disease, in which surgical interference is

practicable ; at the same time we must not forget that in spinal-cord affections an accurate localization may throw great light on the nature of the process, and may, in fact, aside from the rate of progress of the disease, be the only indication to guide us in determining with what form of lesion we have to do. Thus it is well known that the diagnostic features of locomotor ataxia consist only in symptoms which point to disease of the posterior root zones. Experience has shown that this part of the cord is much more apt to be affected by one particular form of lesion than by any other, that one, namely, called primary degeneration.

In locating a lesion in one or another part of the spinal cord, it is necessary to frame a theory which is in accordance with all the symptoms present ; in considering the case before us, we will follow this plan, and, after bringing out the clinical features of the case, consider what may be deduced from them with certainty, and what with probability.

The following is the history given by the patient :

Wm. Nebbing, aged 31, box-maker. The patient, two years and a half ago, began to notice a tired feeling in his legs and pain in the small of his back. About two years ago he fell thirteen feet and struck on his back. He was considerably hurt, but not unconscious, walked home, and was laid up for three weeks. After this he considered himself well, and went to work as usual. Six months later there began to be manifest a weakness of both legs, rather worse on the right side, with twitchings of the whole limb, which were troublesome, but not painful. The patient had, more or less, pain in the back, with pricking and burning sensations in his legs. The feet and legs have swelled very often. There has been no loss of power, nor pains in the arms. He has had slight frontal headache occasionally. Has never had double vision.

The patient has had gonorrhœa half a dozen times, and

has had a good deal of retention of urine, which he then had to draw with a catheter.

The bowels are constipated. There is no abnormality of the sexual function. No history of syphilis. No insanity nor nervous diseases in the family.

On examination, the pupils are equal and react to light and with accommodation. The face is slightly deviated to the left, tongue protruded straight. In hands and arms good muscular power, no anæsthesia. Triceps reflexes fairly marked on both sides. Considerable loss of power in the lower extremities, especially in the flexors of the legs and feet. The quadriceps extensor is slightly weaker on the left than on the right side. There is a good deal of twitching of the thighs and legs, partly of the fibrillar kind, and also jumpings and jerkings of the whole limb; these seem to be spontaneous, and not to depend on mechanical or reflex irritation; the patient says these jerkings persist sometimes for half or three-quarters of an hour. The left thigh is somewhat smaller than the right, the legs are of good size, and about equal. Right thigh, $19\frac{6}{8}$ inches; left thigh, $18\frac{5}{8}$ inches; right leg, $12\frac{5}{8}$ inches; left leg, $12\frac{4}{8}$ inches, giving a difference of $1\frac{1}{8}$ inches between the two thighs, $\frac{1}{8}$ of an inch between the two legs. The right knee-jerk is rather weak, left knee-jerk absent, even when tried by the Jendrassik method. No ankle clonus. Plantar and abdominal reflexes lively, cremasteric reflex not obtained.

The muscles of the lower limbs respond well to the faradic current. With the interrupted galvanic current, KCC > An CC, and the response is prompt and quick.

There is no deformity of the spine, slight tenderness on pressure over the lower lumbar vertebræ.

Tactile sensibility is slightly diminished in the lower limbs, pinching is appreciated as pain, but not very acutely. Sensitiveness to heat and cold is much blunted in the lower extremities, especially over the back of the right thigh and the right buttock; in this area the patient is not at all able to distinguish between hot and cold ob-

jects, and even pinching is not recognized as painful, but is confused with impressions of heat and cold.

Urine amber, acid, 1,027, no albumen, no casts.

We are able in this case to affirm, with a good deal of certainty, the existence of an organic lesion, from the absence of the knee-jerk, and the nutritive changes which have taken place. The same symptoms enable us to exclude lesion of the brain or of the upper part of the spinal cord as the cause of the paralysis, since loss of power caused by disease in these regions is accompanied by exaggerated reflexes and only slight wasting from disuse. The possibilities are, therefore, limited to disease of the lumbar portion of the spinal cord, and disease of the peripheral nerves of the lower extremities. We will first attempt to ascertain the location of disease of the spinal cord so situated as to be capable of producing all of the symptoms present.

Let us, then, consider the symptoms a little more in detail; and first as to the reflexes, especially the knee-jerk. This takes place in the following way: a tap on the patellar tendon causes an excitation of the sensory nerves which is carried through the posterior nerve roots to the posterior horns of gray matter in the cord; it is transmitted thence to the motor cells in the anterior horns, and from there along the motor fibres to the quadriceps muscle, which responds by a contraction. Omitting now any reference to the question whether the knee-jerk is a real reflex, all authorities are agreed that it is at any rate dependent for its existence on the integrity of the path above described, which is called the reflex arc. Excluding a few cases of irritating lesion of the brain, which may for a short time suppress reflexes by inhibition, a loss of the knee-jerk always means disease at some point in the reflex arc. When the lesion is situated in the sensory part of the arc, as is the case in locomotor ataxia, the quadriceps muscle is ordinarily not paralyzed. When, on the other hand, the motor part of the arc is affected, the same lesion which causes the loss of reflex causes a greater

or less diminution in the power of the muscle ; so that this tends to show that in this case a lesion of the cord producing the loss of power must be situated in the motor cells of the anterior horns, or in the anterior nerve roots. This theory is strengthened by the presence of a moderate degree of atrophy, which is regularly indicative of a lesion, either of the trophic centres in the anterior horns of gray matter, or in the nerves between those centres and the muscles.

The motor symptoms then, the wasting, the loss of reflex, the paralysis, would all be accounted for by a lesion affecting the large motor ganglion cells in the anterior horns of gray matter of the cord. Another possible explanation is this: that the reflex arc is cut by the disease at a point between the anterior and posterior horns of gray matter, and the paralysis caused by an affection both of the anterior horns and of the pyramidal tracts in the lateral columns, which, taking place very slowly, would account for the considerable paralysis without the reaction of degeneration.

The sensory symptoms are somewhat peculiar. What is ordinarily called the sense of touch is made up of the ability to distinguish between four different kinds of impressions, those, namely, of pain, of temperature, tactile sensibility, by which we know the forms of objects, and the so-called muscle sense, by which we appreciate the weight of objects and know the positions of our limbs. Although these appear to be parts of the same function, experience has shown that they are represented in different tracts of the cord, so that one of them may be affected by disease, the others left intact. The sensory paths have not all been made out with certainty, but according to the latest researches, fibres which convey tactile impressions run in the posterior columns of the cord, those of temperature run probably in the gray matter not far from the central canal, or at any rate cross from one side of the cord to the other in this region; the same is true of the fibres conveying impressions of pain ;

fibres devoted to the muscle sense run in the lateral columns.

In this case the temperature sense is in the affected area quite abolished, sensibility to painful impressions almost or quite so, tactile sensibility only slightly diminished. If we enclose by a line the parts of the cord indicated by 1 and 2, we will show in general the position of a lesion which, affecting the motor ganglion cells and the fibres which convey impressions of temperature and of pain, and encroaching more or less on the posterior and lateral columns, would account for the symptoms which we have found to exist.

The case presents a greater superficial resemblance to locomotor ataxia than to any other disease of the cord, from the defective gait, the loss of knee-jerk, and swaying when the patient stands with his eyes closed; but on closer examination the gait is seen to be not at all the typical one of ataxia; there are not the heel-pound and wild excursions of the legs which are seen in an ataxic of this advanced stage; there is no history of the characteristic lightning pains; and these, with the presence of undoubted paralysis and the peculiar affection of the sensibility, preclude the idea of the case being one of locomotor ataxia.

If it were not for the sensory symptoms, the case might very well pass for one of amyotrophic lateral sclerosis; this disease is, however, a purely motor affection.

We have now to consider the possibility of the existence of a lesion of the peripheral nerves of the lower extremities, which would account for these symptoms; such a lesion would have to exist on many of the nerve trunks, as the symptoms are quite widespread; and such a lesion is, as a matter of fact, usually inflammatory, and is called multiple neuritis. Its causes are many, and the course which the disease runs varies a good deal in individual cases. We may say in general that the inflammatory process affects the motor and sensory filaments as they

run side by side in the nerve trunks, and that the result is paralysis with atrophy, and anæsthesia in the districts supplied by the affected nerves, giving a clinical picture not very different from the one before us. As a rule, however, the different forms of sensibility are affected about equally, so that when we find a marked loss of the temperature sense, without a corresponding diminution of tactile sensibility, we must look for the lesion in the cord, where the paths for these two forms of the sense of touch are separated.

The form of neuritis which is most apt, from its chronic course and the unequal way in which it affects sensibility, to lead to confusion with cases of the kind before us, is that occurring in leprosy; this can, I think, be excluded in this case.

We must suppose, therefore, disease of the central portion of the spinal cord, near the central canal, and extending as far as the motor cells in the anterior horns, and probably involving to a slight extent the lateral and posterior columns. Experience has shown that a slow lesion in this region is almost invariably of the nature of a tumor, composed of a finely reticular structure with scattered cells, of the same appearance as the normal supporting substance of the cord; it is, in fact, a glioma. The new tissue is soft and highly vascular, and almost always breaks down in part so as to form one or more cavities, and from this peculiarity the process takes its name of Syringo-myelia, or cavity formation in the cord.

The cavity may or may not communicate with the central canal, but is never simply an enlargement of the same, as is the case in the condition known as hydro-myelus.

Syringo-myelia has long been known as a pathological condition, which was usually first recognized at the autopsy. It was a few years ago pointed out by Schultze of Heidelberg that many of these cases may be recognized during life, from the fact that in most cases the lesion affects the central portion of the cord.

The present case is atypical, in that it affects the lumbar rather than the cervical portion of the cord, but although the latter is the usual starting-point of the disease, cases of its occurrence lower down are by no means unknown. The only case of this affection heretofore put on record in this country was reported by Dr. M. Allen Starr, in the *American Journal of the Medical Sciences* for May, 1888.

The disease is characterized by its long course, and the frequent remissions of its symptoms; it is sometimes ascribed to traumatism as a cause, but whether this plays a part in the present case is, perhaps, an open question; the fall upon the back is at any rate an interesting feature in the history of the case.

No treatment has been discovered which is likely to affect the disease process, although remissions sometimes occur in connection with electrical treatment.

NOTES FROM THE SURGICAL CLINIC DURING THE SESSION OF 1889, HELD BY F. J. WEED, M.D.,

PROFESSOR OF PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY.

[REPORTED BY G. W. CRILE, M.D., CLEVELAND, OHIO.]

To make these notes of readable length, condensation and curtailing have been found necessary. Not presuming this to be a clinical biography, a brief mention of the cardinal historical points of the important individual cases is of paramount importance.

It is the aim of the clinic to give the patient the advantage of aseptic and antiseptic surgery. In this method, perfect details and perfect success are in the relation of cause and effect. Speaking in a general way, the methods and means are briefly as follows:

Preparation.—All instruments sterilized by boiling in 3 per cent. carbolic solution half an hour. Hands of operator and assistants immersed in 1—1,000 bichloride, after having been scrubbed with soap and brush, nails having been first cleansed. Field of operation scrubbed with soap and water, shaved, ether applied to remove oily substances and the epidermis, then scrubbed with 1—1,000 bichloride, and finally is covered with antiseptic gauze, with an aperture large enough for actual incision. Towels wrung out of 1—1,000 bichloride cover every part of patient, table or fabric that is liable to come in contact with hands or instruments.

Solutions.—Three solutions are used: bichloride of mercury, 1—1 to 10,000; carbolic acid, 1—20 to 40, and Thier's solution (1 part salicylic acid, 10, boracic acid, 1,000, hot water). Bichloride is used in all cases where admissible, and is contra-indicated, (a) in washing out large cavities, *e. g.*, abdominal, large joints, etc., where no sepsis is present; (b) on instruments; (c) in children and in the aged should be used cautiously. Where bichloride is contra-indicated, Thier's solution is used. Carbolic solution is used (a) on instruments; (b) where both a deodorizer and an antiseptic are required; (c) where an irritating antiseptic is indicated, *e. g.*, catarrhal synovitis.

Ligatures.—Ligatures are usually cat-gut in juniper oil. There was no occasion in any case to regret its use. It possesses all the good qualities of silk and offers the advantage of absorbability.

Sutures.—Silk and cat-gut: the former when much tension or suppuration is anticipated; in all other cases cat-gut is used. The continuous suture is used in most cases.

Drainage.—Perforated black rubber elastic tubing of best quality and assorted sizes is used in all cases but in abdominal surgery, in which perforated annealed glass tubes are used. In one case a recently invented flexible, spiral, hard rubber tube was used, but was found imper-

fect, in that blood clots insinuated themselves between the spirals and occluded the lumen. Assorted sizes of the rubber tubing are placed in a long glass bottle with a screw top, filled with a 5 per cent. carbolic solution.

Dressings.—The line of sutures is usually hermetically sealed with iodoform collodion, over which an ordinary dressing of sublimated gauze and cotton is applied.

In operations where dressings are difficult of retention, as the mouth, scrotum, etc., a good coat of iodoform collodion alone is sufficient.

Anæsthetics.—Chloroform is used in almost every case, ether when patient is already in shock, or the operation unusually long.

Sponges.—No sponges are used. They are replaced by either continuous irritation or sublimated gauze, cut into pledgets of convenient size, placed in a glass jar, and, as needed, passed into a warm solution, used once and discarded.

RÉSUMÉ OF CASES.

Anchylosis.—Two cases of incomplete anchylosis of the knee-joint were relieved by forcible flexion and extension, under chloroform.

Amputation.—Major amputation was practiced 10 times: for injuries, 3 times; tuberculosis, 4; osteomyelitis, 2; necrosis, following Colle's fracture, 1; necrosis and phlegmon, following injury to carpus, 1. Methods, tegumentary, musculo-tegumentary.

Case I. Male; aged 40; crushed wrist and hand; amputated at middle of forearm; modified circular tegumentary flap; primary union.

Case II. Male; aged 30; intemperate in alcoholic indulgences; crushed foot, ton of iron having fallen on his foot; Chopart amputation first practiced, using the sole of crushed part for flap; vitality of part not sufficient to make a firm covering; amputation of lower third by a modified Teale's flap was performed. Primary union.

Case III. Male; aged 11; good family history;

tuberculosis of ankle-joint, implicating the entire tarsus, soft parts as well as bony structure; eighteen months' duration; resection contemplated, but an exploratory incision showed that resection would result in disappointment; amputation was at once performed; primary union; discharged from hospital in ten days.

Case IV. School-girl; aged 8; non-tuberculous family history; tarsus broken down and filled with tubercular debris. Amputation at lower third was followed by primary union.

Case V. Child; aged 6; male; for three years patient had had various treatments, with uniform negative results; entire ankle and tarsus being implicated to such an extent that after an exploratory incision amputation at lower third of leg was performed; wound suppurated. In searching for the cause of suppuration, it was found that by an oversight the scalpel used in opening the joint was used in the amputation. Patient was discharged in three weeks.

Cases VI. and VII. Milliner, aged 35; unmarried; family history not defective; for several months previous to admission had had tuberculosis of fibula, about two inches above malleolus; soft parts over bone implicated, discharging sinus; necrotomy was performed, dead bone removed, sinuses curetted, drained. Wound healed, patient enjoyed freedom from pain, renounced opiates, which had previously quite grown into a habit. In three weeks the same process was instituted about two inches higher; at about the same time there appeared a tubercular abscess of forearm. Necrotomy as before was performed on fibula, abscess of arm incised and treated antiseptically. Wound healed, and another surcease from pain followed. In a few weeks the patella and tibia were attacked; a few days later it appeared on the tarsus and the distal end of the femur. Temperature ranged from 99° to 102°. Patient losing ground daily. Amputation was advised, but vigorous operative interference was delayed against a better judgment, in deference to the entreaties

of the patient and her friends. Finally, the patient finding herself coming nearer the prognosis every day, consented to amputation. Amputation at middle of thigh was performed. For the third and, we might add, the last time, her symptoms improved. At the end of a week pain returned. Bone and soft parts of the stump were now implicated. There was tardy repair.

Under an anæsthetic, the stump was re-opened with a view to revision of operation. It was evident, after having opened it, that repair was impossible. Hip-joint amputation was at once made. Patient being very weak, preliminary ligation of the femoral artery was practiced. The operation was made by an anterior and a posterior musculo-tegumentary flap. The loss of blood was minimum. Operation completed and dressings applied in twenty minutes. Patient bore the operation well. However, her vitality being much reduced, she died from the shock thirty-six hours later. With over application to work, faulty digestion, strumous diathesis, a fertile field for bacillus tuberculosis was prepared. The sad history of this case speaks strongly in favor of early and active treatment. It is one of the cases in which supposed kindness of friends, in making sympathetic pleas for mild treatment, is deadly.

The medical requirements of this case were fully met with tonics, alteratives, cod-liver oil, but nothing seemed to stay the progress of the disease.

Case VIII. Male; aged 45; laborer; German; specific history; admitted into the hospital suffering from phlegmon of hand and wrist, following an injury to the scaphoid bone and the soft parts over it. Entire hand was implicated. It was treated by free incision, drainage and antiseptic fomentations. The phlegmonous process was soon checked, but the bones of the carpus were already necrosed. There followed pyæmic infarction of the lungs and pyæmic ankle joint. Temperature ranged from 104° to 105°. Multiple chills, sweats, etc.; continuous cough. Stimulants were given unstinted; potass. iodide and bichloride of mercury

in full doses had, it seemed, a favorable effect. Ankle-joint was laid open, pus evacuated, washed out with bichloride of mercury, drained. Patient in the face of death from pyæmia; the arm at upper third was amputated, followed by primary union and abatement of symptoms. Patient made a rapid recovery, in six weeks could walk, and some motion was regained in the joint. This gratifying result was scarcely expected, in view of the extensive suppuration in so close proximity, and that the lymphatics and veins must necessarily at the time have been carriers of ptomaines and perhaps micrococci.

The improvement was so decided that during the first evening, the patient feeling better and hopeful, spent the time indulging in reminiscences of his life in the west.

Case IX. Osteo-mylitis. School-boy; aged 13; six weeks previous to admission into hospital had injured his tibia by a fall. For several days the injury was thought to be of no consequence, but the slight soreness grew into a deep-seated pain, so severe as to prevent rest by day or sleep by night. Patient emaciated rapidly; pulse thready; vital powers failing. Necrotomy was attempted, but the chisel proved the entire upper third of the tibia and lower end of the femur to be necrosed. Knee-joint was fixed. Amputation was attempted at several points, but each time diseased bone was found. The final amputation was about four inches from hip-joint. Patient made a good recovery; was discharged in two weeks. In making the operation, a good periosteal flap was brought over the end of the bone. Six weeks later patient was doing well.

Case X. Male; colored; aged 45; laborer. Eighteen months ago he fell from a step-ladder and sustained a Colle's fracture; was treated by a homeopathic surgeon ever since the injury. His hand had been gradually growing worse. There was a discharging sinus over seat of fracture and every joint of hand and wrist ankylosed; trophic changes throughout entire hand;

sensation perverted; circulation defective; as a result of this condition, there was degeneration of the entire carpus and carpal ends of the radius and ulna. Patient gave a vague description of local applications and attempts at closing the sinus, and said that the homeopathic surgeon had hoped in time to close the sinus and bring back life and motion by the diligent application of topical remedies. Amputation was performed at middle of forearm. The patient not being a good subject for anæsthesia, operation was hastily performed, requiring forty-five seconds to amputate, and in six minutes patient was ready for bed. Primary union followed; discharged from hospital in two weeks. Patient complained much of sweating, shakings and creepings, which prevented sleep. When the house-doctor took his temperature, he interpreted the placing of the thermometer in his mouth as a therapeutical measure directed to the treatment of his sleeplessness. He felt wonderfully benefited—slept well. Every evening he would call for his “treatment,” and declared he could not live without it. After being discharged from the hospital, for three days and nights he fought bravely against coming to the hospital for his “treatment,” fearing that he would contract the dreaded habit he had often heard about, but finally yielded, and for many days would call regularly, hold a fragment of a broken thermometer in his mouth a few minutes, then go away, gratefully expressing himself a “wonderful sight better.”

Amputation of breast.—Scirrhus. Aged 40; married; housewife; good personal and family history; had noticed growth several months; axilla not implicated; neoplasm confined to gland; amputated entire breast, knife passing through normal tissue only; operation completed, drained, sutured and dressed in ten minutes. Primary union. Patient left the hospital in ten days.

Acute Abscess.—The various cases were treated on the same principle—free incision, drainage, washing out with strong solution bichloride, moist bichloride dressings.

Cystotomy.—Shop boy; aged 15; caught between

two cars and sustained a fracture of the pelvis, with laceration of the urethra and the bladder. The perineum was freely incised early, the tissue relieved of urinary infiltration. An insufficient quantity of urine seemed to pass from the perineal opening, infiltration of the suprapubic tissue was then observed. Laceration of the bladder was diagnosed. Suprapubic cystotomy was performed. There was intense infiltration of the tissue overlying the bladder, which was opened, irrigated, sutured and drained. Patient seemed to improve after operation, when on the second day after, while talking to his friends, he suddenly threw up his hands, exclaimed "O!" dropped back and, with labored breathing, died in a few minutes. Death from cerebral embolism.

Double Castration.—Farmer; aged 45; good personal history; had had trouble with his testicles for about eighteen months. There was a discharging sinus from the left; tuberculosis diagnosed, which was confirmed by castration. The part of the scrotum adherent was excised; mass ligatures of the cords, and continued suture. Being in doubt of primary union under the conditions, the ligatures were cut long and employed as drainage—expecting them to come away with the sloughing of the ligated end of the cord. However, primary union followed, and in three weeks the ligatures seemed as firm as ever. They were then cut down upon and relieved. There was not even the beginning of suppuration of ligatured end of cord, nor of absorption of the ligature. Temperature at no time was higher than 99°.

Lupus.—Three cases of lupus successfully treated by curetting and cauterizing by thermo-cautery.

Laparotomy.—There were four laparotomies made in Professor Weed's clinic.

Method.—No sponges are used; gauze pledgets instead. The usual antiseptic precautions are emphasized in every detail. In suturing, a Peaslee's needle is passed

through entire wall with a single thrust, placing an interrupted silk suture. Thier's solution is used in flooding out the abdomen to remove blood, or the contents of innocuous cysts, etc. When sepsis is suspected, *e. g.*, pyosalpinx, the abdominal cavity is flooded with a 1-10,000 bichlor. of mercury solution. Patients are given no food and often no drink during the first twenty-four hours.

Case I. Aged 35; married twelve years; two children; cystic ovaries; dysmenorrhea; double salpingo-oöphorectomy; recovery; primary union.

Case II. Aged 36; unmarried; cystic ovaries; salpingitis. Patient for six years had been a sufferer from dysmenorrhea and menorrhagia; uterus retroflexed. From this condition patient, for four years, has been unable to be about; most of her time spent in bed. Purpose of operation to bring on menopause. Each end of the individual sutures were threaded into a needle, and each needle passed from within outward. Incision was one and three-fourth inches in length. Time, twenty-three minutes. Patient made a good recovery, there being a primary union. Discharged from the hospital in three weeks.

Case III. This case was referred to under cystotomy. Death.

Case IV. This case was one of large multilocular colloid cystoma; aseptic recovery. Discharged from hospital in three weeks. [This case was formerly reported in the GAZETTE.]

Nasal Polypi.—Nasal polypi removed by cold snare, in one case.

Spinal Disease.—There were eight cases of spinal curvature treated. Pott's disease of the spine was treated by plaster of Paris jacket, tonics, improved hygiene, etc., with good results.

Talipes.—Six cases were treated successfully by tenotomy, tenotomy and plaster cast, or plaster cast alone, as the case required.

Chronic Ulcer.—Ten cases of chronic ulcer were pre-

sented for treatment. Curetting, incision, bandaging, rest, elevation; constitutional treatment usually cures them.

An interesting case of congenital absence of the radius was presented. The hand and wrist were much distorted from muscular contraction. This condition was much improved by supporting the arm by a plaster of Paris cast—making extension while the bandage was applied.

An interesting case of anthrax was treated by thorough curetting and cauterizing.

A number of the students were invited by Professor Bunts to witness a resection of the knee-joint at St. Alexis' Hospital. The case was one of tuberculosis of the knee-joint of several years' standing. The operation was performed by the method described by Hahn of Berlin. The patient made an excellent recovery without any suppuration. The bones were fixed by three steel wire nails driven into the femur. Nails were removed at end of second week.

Hydrocele.—Two cases of hydrocele were treated by the radical operation; free incision, stitching the tunica vaginalis to the integument and draining. In one case of hydrocele, complicated by a recent hæmatocele and a redundant hypertrophied scrotum, nearly half of the scrotum was excised; about a pint of blood-clot and fluid turned out; the tunica vaginalis and a layer of the adventitious tissue united by continuous cat-gut; then the integument and the remainder of this tissue united in a similar manner; sutures covered with iodoform collodion; drained for twenty-four hours, then hermetically sealed with gauze and iodoform collodion. No further dressings applied. Patient made an excellent recovery.

Hæmorrhoids.—Three cases were treated. The favorite method is the Langenbeck. The hæmorrhoidal tumors are clamped by the Langenbeck clamp, then slowly cauterized—slowly so as to guard against any possible hæmorrhage. The hæmorrhoids are brought down by a double-pointed vulsellum. After the tumors are removed

a glass or a rubber drain-tube, wrapped with iodoform gauze and lubricated, is inserted into the anus. This tube has a double purpose. It serves as an antiseptic dressing, and gives a means of escape to flatus, which otherwise accumulates in the bowel and causes much inconvenience. This method has been uniformly successful.

Fistulæ in Ano.—Anal fistulæ were treated by paralyzing the sphincter by stretching, then laying open the fistulous track with a scalpel over a grooved director. In some cases the fistulous tract is curetted. The dressings consist in packing the incision with iodoform gauze.

Necrotomy.—A number of necrotomies were made. The dead bone was thoroughly removed by chisel, or scoop or curette, irrigated with bichloride 1–2,000 and drained.

An interesting case of an operation of revision following a laparotomy in which a suppurating tumor of the ovary weighing fifty pounds had, three months previously, been removed. The patient continually complained of pain in her left side. This resisted all treatment directed to its alleviation. At the clinic an incision was made over the seat of the pain. The incision was carried down until the scalpel came in contact with some foreign body. This was removed and proved to be the unabsorbed silk pedicle ligature. This found its way from the left side of the uterus into the abdominal wall. Its removal was followed by rapid recovery.

Trephining.—Male; aged 60; fell fifty feet, striking on the side of his body. Eight ribs were fractured; thigh dislocated; head of femur fractured. Was found unconscious, with a severe contusion on parietal eminence. There was hemorrhage from the right ear. Patient showed no signs of improvement; was trephined the following day. Two buttons were removed. The dura was separated from the skull. Some small clots were removed, and a considerable fluid escaped. He improved somewhat, but lapsed into a comatose condition from which

he did not rally. Autopsy showed a fracture of the base.

A case of osteo-myelitis of the greater trochanter of the femur was treated by trephination, resulting in complete recovery.

There were many less interesting cases treated at each clinic, of which no notes were taken.

CORRESPONDENCE.

MANITOU SPRINGS, COLORADO, July 19, 1889.

Editors CLEVELAND MEDICAL GAZETTE:

Gentlemen:—While a student with Dr. I. N. Himes, attending lectures, I made the acquaintance of many who are now engaged in practice in northern Ohio. After five years' practice on the Western Reserve, I was compelled to change climate, and since arriving at this point, over two years ago, I have had numerous inquiries from old acquaintances as to Colorado climate. Thought I would answer them in this way.

When advising consumptives to try Colorado, it is very important that the physician should have a correct idea as to what part of the state they should visit.

The mountain towns should be recommended, there being less dust and high winds than at Denver, Colorado Springs and other places on the plains.

The mountain towns are almost invariably near a rapidly flowing stream, insuring perfect sewerage.

For climatic reasons the eastern slope of the Rockies is to be preferred in every case to the western.

As a rule this class of patients improve more rapidly during the fall and winter months than in summer. For advanced cases with high temperature, life is not prolonged by visiting Colorado. On the contrary, the inevitable end is reached here sooner than in a lower altitude.

Many cases of incipient phthisis apparently entirely recover, and, with the exception of the far advanced cases, life is always greatly prolonged by a residence at this and other favorable points.

An altitude of six thousand feet in winter is equivalent in its effects to a height of about seven thousand two hundred feet in summer. Many find it to their advantage

to live higher up in the mountains during the summer months.

I have never seen a case suffering from hemorrhages in which this symptom was not relieved soon after arriving.

Of the many mineral springs at this point two contain iron. This water has a very pleasant taste and furnishes a very convenient method of administering iron where it is indicated.

Yours truly,

H. M. OGILBEE, M.D.

PHILANDER SMITH MEMORIAL HOSPITAL, }
NANKING, CHINA, June 19, 1889. }

Editors MEDICAL GAZETTE:

Thinking you may be interested in something quite in your line, I send you by this mail a pair of Chinese spectacles and case. A scholar or official is not complete without a pair of colored glasses. These sent are a fair sample, though tortoise-shell frames are most used for expensive glasses and the glasses are polished crystals. These, I think, are colored glass.

I also send you a translation I have made of a circular issued by a native vaccinating station. It has been a time-honored practice in China to inoculate for small-pox, a little of the virus from a small-pox patient being introduced into a child's nose; but about twenty years ago, the governor-general at Nanking, Tseng Kwoh Fan, a famous Chinese statesman and father of Marquis Tseng, introduced vaccination according to foreign methods, and public stations have been maintained since at Nanking and adjoining places. These are free, and are supported by a tax levied on the pawn-shops. In Nanking there is one general station and twenty subordinate stations. These do all their work in the spring and seem to have the confidence of the people.

You will see by the circular a very fair sample of a Chinese doctor's method, only this has mingled with it more truth and reason than is usually found in their work. I know a woman who took her child to one of these stations. She said it cost her nothing for the vaccination, but the child's food cost her one dollar. The woman was getting large wages, five dollars per month, so you can see how a benevolent enterprise is made to be even oppressive.

Vaccination is supposed by the people to be a very

profound affair. Only the doctor knows just the exact and all-important spot where the virus should be introduced. The least deviation up or down or to one side, may make the operation useless, if not dangerous. A Chinese doctor is the climax of quackery, but he is a product from the people and has a strong footing. Running hot needles into the flesh is the extent of what they term surgery, although some are more daring. I had a patient with an old ulcer on his ankle. I wanted to scrape it out and treat it antiseptically, but he was unwilling and went away. Sometime afterwards, he went to an English doctor at an inland city, who told him that the trouble had gone on to such an extent that the foot must be taken off. He would not consent to this, but returned home, called in a Chinese doctor, and told him the opinion of the foreign doctor. The Chinese doctor told him that he could take off his foot as well as a foreign doctor, and the patient assented to his doing it. So, nothing daunted, and not to be outdone by any "foreign devil," he brought in an axe and chopped off the foot. The patient died, of course. I have just had an opportunity to enlighten that section of country through another patient, whose leg I amputated below the knee, doing the operation antiseptically and getting union by first intention. He had been among them bed-ridden for years, and will go back hale and hearty.

I suppose that Smith, Daykin, Summerville, McGee and Burton of our class are still in Cleveland. If you see them kindly give them my regards.

I congratulate you on the success of the GAZETTE. By the way, please change the address to Nanking. With kindest regards,

Yours sincerely,
ROBERT C. BEEBE.

TRANSLATION OF CHINESE VACCINATION TICKETS, USED AT
NANKING, CHINA.

Directions for those who have been vaccinated: The following articles may be eaten:—Parsley, spinach, yams, greens, peas, bamboo sprouts, mushrooms, large and small, three or four at a time, beans, carp soup, bean curd film, birds' nests, rice gruel, home-made rolls, smoked hams *freshened*, soup made with fat from about pig's stomach, kidney soup. The foregoing articles may be slightly salted.

The following articles must not be eaten:—Ginger, onions, garlics, scallions, fragrant, sweet, salt or sharp flavored viands, fried cakes and all food cooked in fat; all juicy fruits. The foregoing must be refrained from for forty days.

Male of fowls, carp, pig's head, ducks' or hens' eggs must not be eaten for one hundred days. Shad, sturgeon, cherries, mutton and beef must not be eaten for one year.

For twelve days the child must be very careful. Do not rub or irritate the arm. When the child goes to bed it should wear a small shirt of white foreign cloth or satin. If neither of these can be used, an old, soft garment may be substituted. Do not use starched inner garments. Do not bandage the arm. Do not tie a string about the arm. Do not allow the child to be held by a menstruating woman. The child's parents must not have sexual intercourse while its arm is sore. The child must not smell the odor of the chamber vessel, a pig, or dog, or any kind of foul-smelling thing.

It is of the greatest importance that this patient return to the vaccinating station on the twenty-first of the fourth moon, at eight o'clock A. M., to have the pus and poison removed, to have medicine applied and to get some poison-dispelling pills. If the patient does not return, the poison will probably pervade the whole system, and this station will not be held responsible for the consequences.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

ONE DOLLAR PER ANNUM IN ADVANCE.

Vol. IV. begins with November, 1888. Subscriptions can begin at any time. REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered letter, addressed to the CLEVELAND MEDICAL GAZETTE, 143 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York or this city.

Original Communications, reports of cases and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 143 Euclid Avenue, CLEVELAND, OHIO.

Changes for advertisements must reach us not later than the second week of the month to be corrected in current number, addressed to W. N. GATES, Manager Advertising Department, 10 Public Square.

EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

EDITORIAL.

It is our purpose to make the GAZETTE second to no monthly medical journal in the United States in the matter of keeping its subscribers posted as to the progress of practical therapeutics; but there is a work which our subscribers can do through the GAZETTE which will be of inestimable benefit to themselves and value to the profession at large, if they are willing to put themselves to a little trouble. If each of you, for instance, will take the pains to *report your results* to us whenever you try a method of treatment suggested in the GAZETTE, stating briefly whether it succeeded or whether it failed, and whether, in your judgment, it possesses advantages or disadvantages as compared with the older treatments customary in such cases, and why, your observations, which, unrecorded, only serve to produce a conviction in your own mind, recorded, will be placed in evidence to fix the actual therapeutic value of the remedy or method in question,

thus tending to reduce to scientific accuracy what would otherwise remain mere medical guess-work. As a case in point: not a few of you, doubtless, will have tried ere long that use of *viburnum prunifolium* for the nagging pains of the latter period of pregnancy, as recommended by Dr. Hinton (July GAZETTE, p. 382). We tried the officinal fluid extract in a troublesome case with a negative result not long ago, but many of you are practising in the country in neighborhoods where the black haw grows, and can, with but little trouble, get the green root and make a saturated tincture, as Dr. Hinton does, give it a thorough trial, and report the result. So also as regards the multifarious uses of antipyrin, sulfonal, etc. It is of the highest importance that the profession at large should, as soon as possible, become familiar with the contra-indications to their use and the cases where they fail to accomplish what enthusiasts claim for them. Nothing could give us greater pleasure than to devote a portion of the GAZETTE to the publication of such results if only our subscribers will take the little trouble necessary to furnish us with the data.

LIST OF MEDICAL JOURNALS KEPT ON FILE
IN THE CASE LIBRARY, THE PROPERTY OF
CUYAHOGA CO. MEDICAL SOCIETY.

1. American Journal of Obstetrics.
2. New York Medical Journal.
3. CLEVELAND MEDICAL GAZETTE.
4. Boston Medical and Surgical Journal.
5. American Journal of Medical Sciences.
6. Medical News.
7. Index Medicus.
8. Braithwate's Retrospect.
9. British Medical Journal.
10. Edinburgh Medical Journal.
11. Lancet (London).
12. Wiener Medizinische Wochenschrift.

13. Berliner Klinische Wochenschrift.
14. Schmidt's Jahrbücher.
15. Gazette des Hopitaux.
16. Bullitins de la Société de Chirurgie.

The file of these journals are complete since 1885. There are incomplete sets of several other journals.

A NURSES' DIRECTORY.

The city directory gives about seventy-five or one hundred names and addresses under the occupation of nurse, some of these being also enumerated as midwives. As a matter of fact there are many more than this engaged in the work of nursing. They are known in their respective neighborhoods, and found only by inquiry among acquaintances. There is no complete list of those to be hired as nurses, nor any general organization among them, nor any direct means of communication with the public who may wish to employ them. The task of finding a nurse for a given case is often prosecuted by the physician and family chasing around here and there all over the city, as directed from one to another, amid vexation, disappointment and delay, until the time when the nurse might have been most useful has passed away.

Miss Mitchell, matron at Lakeside Hospital, can occasionally direct one to a nurse, and Miss Day at the Homœopathic Hospital has the names of some. But it has been suggested that it would be a good thing for the sick and for the nurses of our city, if some means of direct communication were established between them. This might take the title of Nurses' Intelligence Bureau, Nurses' Employment Office or Nurses' Directory, and could be operated somewhat as follows: There should be but one office in the city, all nurses should be enrolled there, paying an annual fee for the support of the office.

Beside the name and address of the nurse, the office should show upon its register the age, sex and language

of the nurse, whether "trained" or not, the kind of cases preferred or usually taken by the nurse, as, general nursing, confinement cases, surgical, children, general nursing and will assist at housework, massage, massage only. The register should show also the nurse's price (per week or per treatment), and give references. And besides this should be able to tell where the nurse is employed, or whether the nurse is to be had at the present hour. Nurses should always report at the office as soon as they expect to be or are open to engagement. Thus it will be seen that by a calling at or telephoning to the office, a person desiring a nurse could ascertain just what nurses are available, and take his choice, not forgetting to leave a moderate fee with the office.

Such an arrangement, we are sure, would be of great advantage and convenience to physicians and to their patrons, and could not fail to be of equal benefit to the nurses, and largely increase the number of their engagements.

In order to meet this want, for the time being, the proprietors of the *MEDICAL GAZETTE* have opened a nurses' directory at 143 Euclid avenue. We hope the undertaking will meet the approval of the profession, and prove of value to all concerned.

THREE YEARS' GRADED COURSE IN THE MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY.

We congratulate the Medical Department of Wooster University on adopting the three years' graded course of instruction to be obligatory upon all students entering the session of 1890, and requiring four years of study from all students entering the session of 1891, thus placing the institution abreast the best medical schools in the country.

It is gratifying to learn that the medical schools of Ohio are establishing a high standard of medical education, although nothing has been done in the way of medical

legislation to hasten this result. The medical schools of Cleveland have adopted the three years' graded course of medical instruction. Also both the medical schools of Toledo, and all of the Cincinnati schools with one exception. We regret that the Columbus schools have not done so. But we are sure the profession, when informed that all the other schools in the state have made three courses of lectures obligatory, will create such a unanimous demand upon these schools that they too will be obliged to do the same. We have been assured by members of the faculties of both the Columbus schools that they contemplated making the change soon, but their announcements for the sessions of 1889-90 make no mention of this matter.

When we consider that three full courses of lectures are a necessary qualification to practice in Illinois, Minnesota, Iowa, West Virginia, Virginia and California and soon will be in Pennsylvania and many other states, it is evident that this standard will be adopted very soon by every respectable school in the country.

THE ALUMNI ASSOCIATION AND COMMENCEMENT EXERCISES OF MEDICAL DEPARTMENT OF WOOSTER UNIVERSITY.

The Alumni Association of the Medical Department of Wooster University was held in the amphitheater of the college building, Wednesday, July 24, at 2:30 P. M., President C. E. Cotton in the chair.

The historian, Dr. Crile, reviewed the history of the institution from its first organization as Charity Hospital Medical College down to the present time.

The following officers were elected:

President—Dr. J. M. Sattler.

Secretary—Dr. Charles Merz.

Treasurer—Dr. Lillian G. Towslee.

Dr. O. George was elected historian.

COMMENCEMENT EXERCISES.

The Twenty-second Annual Commencement Exercises of the Medical Department of Wooster University were held in the Church of the Unity, at 8 P. M.

During the assembling of the audience the overture was played by Mr. F. C. Wade.

Prayer was offered by Rev. Sylvester Scovel, D.D., President of the University, followed by a selection by the Arion quartette. The salutatory address was delivered by Professor C. F. Dutton (see page 402).

After another selection by the Arions, the valedictory address was delivered by Mr. J. N. Nelmes, who said :

The nineteenth century is an age of the greatest intellectual development and inventive genius the world's history has ever recorded. Man, in his desire to obtain a knowledge of nature's marvelous laws and mysteries, has, by research and investigation, discovered many of the laws by which the forces and phenomena of nature are controlled.

Much has been done in the past ten years to revolutionize the practice of medicine and surgery. The increased magnifying powers of the microscope and the study of morbid anatomy by its use have led to the discovery of the causes of many diseases which in the past were mere conjecture.

The field of observation and experiment is open to every individual, and the consequence is that our country abounds in the best medical literature the world has ever known. We have at our command the thoughts of the broadest minds that have ever lived. We have before us the results of all the experiments of the past ages, so that there is no excuse for ignorance on the part of anyone. Yet how many comparatively ignorant men there are in the profession. A higher standard of excellence in the line of qualifications will ever serve as a proper protection to the truly deserving practitioner, providing this standard be maintained by the law. Ignorance should not be permitted to come into immediate competition with educa-

tion, especially in a profession like that of medicine, whose fundamental principles are based upon years of scientific investigation and experiment. The time has fully come when the rights of the people should cease to be infringed upon by ignorant pretenders.

And now, fellow-students, we have spent many happy hours together, and perhaps many hours which were not so pleasant, sitting seven long hours a day listening to lectures, and suffering the pangs of suspense while awaiting our election returns.

I hope that the anticipation of each individual member of the class of '89 may be fully realized, and that success may crown the efforts of all.

Before closing I shall, in behalf of the class, extend our heartfelt thanks to the various members of the faculty for their kind instruction, patience, endurance and ability, exercised at the expense of their own comfort and convenience for our improvement.

We shall ever hold in high esteem the Medical Department of the University of Wooster, and hope that it may long continue in this good work, and that each succeeding year may be prolific of an increased prestige. We shall ever be ready to prove the sincerity of our gratitude by using our influence to add to its matriculates.

After another selection from the Arions, President Scovel, in his usually felicitous manner, delivered an address of remarkable force and power to the graduating class, in which he emphasized the importance of concentration.

At the close of the address he conferred the degree of doctor of medicine on the following gentlemen :

O. Adamson, H. E. Almes, C. C. Aylsworth, J. N. Black, J. H. Brown, E. F. Cook, J. N. Cox, E. P. Crowe, O. E. George, J. J. Kinney, W. M. Miller, D. C. McMiller, J. F. Mayne, J. N. Nelses, W. C. Ramsey, Dan Reardon, T. W. Roberds, F. L. Sargeant, J. G. Stucky, H. J. Sullivan, E. L. Watson.

THE BANQUET AT THE HOLLENDEN.

After the close of the commencement exercises a complimentary banquet was given at the Hollenden by the faculty, to about one hundred alumni and their friends. The following toasts were responded to, Dr. Baker presiding :

1. Our Profession.....DR. F. J. WEED.
"The best profession, the worst trade."
2. Medical Department of Wooster University....DR. B. B. BRASHEAR.
"What we have done is but earnest of the things we shall do."
3. The Alumni.....DR. CHAS. H. MERZ.
"We leave, like those volcanic stones, our precious Alma mater,
But will keep dropping in again, to see the dear, old crater."
4. The Graduating Class.....DR. H. J. SULLIVAN.
"How green you are and fresh in this old world."
5. The Ladies.....DR. F. E. BUNTS.
"Nature made them to temper man."
6. Good Night.....ARION QUARTETTE.
"With sonorous notes
Of every tone mixed in confusion sweet,
The forest rings."

AMONG OUR EXCHANGES.

Fifteen grain doses of antipyrin given three times a day is, according to DRS. LEGROUX, GRIM and LILIENFELD (Medical News, July 6, 1889), an effectual and speedy remedy in *chorea*.

Hypodermics of pilocarpine in heroic doses have been successfully used in *traumatic tetanus* by DR. L. CASSATI (Jour. de Med. de Paris, May 26, 1889) in three cases. The symptoms of tetanus disappeared in a few hours under the influence of the drug, and there was prompt and complete recovery.

DR. E. F. BRUSH of Mt. Vernon, New York, attributes *cholera infantum* to the eating of weeds, such as lobelia, butter-cups, poison ivy, etc., by the cattle, and the excretion of the alkaloids of these weeds in the milk.

He stops the milk altogether and gives chloroform in emulsion with castor-oil and gum arabic (Med. News, July 6, 1889).

Barborate of soda is used by DR. J. D. MUNSON of the Northern Michigan Asylum (American Lancet, July, 1889), as an alternate with the bromides in *epilepsy*. He finds it equal to the bromides in controlling the seizures. It should never be used in cases with weak heart, nor given before meals, nor for long periods continuously. In the latter case it is apt to produce a troublesome psoriasis, or to affect the nutrition of the scalp unfavorably, making the hair rough and brittle and now and then producing alopecia. In one case, suppurative inflammation of the middle ear always followed its use. Ordinarily, however, it is well borne. The dose is from five to thirty grains in a dilute solution.

DR. PARGAMIN treats nasal polypi (Annals of Surgery) with the solid stick of nitrate of silver. He claims for this treatment that, while effectual, it is comparatively painless. He repeats the cauterization as often as once a week, or oftener, till the growth disappears.

Sulpho-carbolate of zinc is the remedy preferred by DR. WM. F. WAUGH of Philadelphia (Dietetic Gaz., July, 1889), in *summer complaint* of children. He gives from half a grain to two grains every two hours in powder with a little bismuth.

DR. N. P. MOSS of Louisiana gives three cases confirming the claim made by DR. JEROME HARDCASTLE, that jaborandi is very efficient in promoting the prompt relaxation of a *rigid os uteri*. He used the fluid extract in doses of from twenty to thirty minims at intervals of half an hour. Full dilatation took place in each case after the second or third dose. He states that the *green* fluid extract is the only one that can be relied on. In his hands the *brown* preparation had proved inert.

Chloral hydrate, applied in a solution of five grains to the ounce of water, is said to clear the head of *dandruff* and prevent the falling out of the hair from this cause (Med. Summary).

For ordinary *erysipelas*, DR. J. C. WHITE of Massachusetts (Boston Med. and Surg. Jour.) uses simply the following evaporating lotion applied every alternate hour:

R Carbolic acid cryst., ʒss.

Alcoholis,

Aquæ aa, ʒiv—m.

He gives no internal remedies. The disease usually yields in forty-eight hours, rarely lasting beyond three days.

DR. T. D. CROTHERS of Hartford, Connecticut, in a paper on *Alcoholic Trance in Criminal Cases* (Med. Rec., July 6, 1889), concludes that a trance state exists in certain cases of inebriety in which memory and consciousness of acts and words are suspended as in the hypnotic state, the patient going about automatically as in the somnambulistic state and giving little or no evidence of his real condition; that this state may last from a few moments to several days, the person appearing conscious and acting naturally along the line of his ordinary life, but during this state he may commit crimes against person or property without apparent motive, and of which he has no consciousness or memory whatever after the paroxysm is over. While persons in such a condition are not criminals, they are dangerous and irresponsible madmen, to be confined for the safety of the community.

DR. J. F. HIBBERD of Richmond, Indiana, says (Ind. Med. Jour., July, 1889): "No woman within my experience, who had enteric fever after she was forty years of age, ever menstruated again," and he asks if his experience is unique.

PROFESSOR VAUGHN of Michigan University attributes many cases of *cholera infantum* to tyrotoxon—the pto-

maïne which he has isolated from milk and cheese, and which appears very rapidly in milk under favorable circumstances (Buffalo Med. Jour., July). He interdicts the use of cows' milk during the course of the disease.

In a clinical lecture at the Woman's Medical College of Philadelphia (Med. News, July 6, 1889), DR. EDWARD P. DAVIS called attention to the great value of irrigation of the colon in *entero-colitis* of children. A soft catheter (No. 11) and a syringe—a fountain syringe is more convenient—are necessary, and water made alkaline by sodium bicarb. and antiseptic by thymol (1—1,000), or sodium salicylate (grs. xx to fd 3xx), heated to a temperature of from 90° to 110° Fahrenheit, is used. The irrigation should be kept up till the water returns clear. [We have used irrigation of the colon in such cases for ten years, and can vouch for its value.—ED.]

DR. CUNNINGHAM, after an elaborate series of experiments with the cholera bacillus (Indiana Med. Gaz., March, 1888), concludes that even if we admit that the comma bacilli are the efficient cause of choleraic symptoms, they can hardly be considered of more than secondary importance in the causation of the epidemic diffusion of the disease. He holds that it is to improvements in local sanitation and not to the enforcement of quarantine regulations that we must look for protection against the spread of cholera epidemics.

A whole cocoanut grated fine, mixed with its milk, and taken on an empty stomach on rising, is, according to PROFESSOR PARISO, (Pharm. Jour.), fully as reliable a tæniacuge, if not more so, than male fern, kousso, pomegranate, etc., while it is far more agreeable to the palate. It has been thus used in India for many generations. No after treatment is necessary, as the single dose usually is all-sufficient.

A solution of quinine made by dissolving twenty parts of muriate of quinine and one part of pure hydrochloric

acid in fifteen parts of water is said by BUERMANN not to cause pain or local irritation when used hypodermatically (Boston Med. and Surg. Jour.).

DR. POLYÁK has given a thorough trial of lactic acid as suggested by DRs. SÉZARY and AUNE in the *diarrhœa of phthisis* (Lancet, May 18, 1889), with an initial dose of thirty grains per day in four ounces of water, increased, if need be, to seventy-five grains *per diem*. He finds the diarrhœa and pain usually arrested by the third day, when smaller doses were given. The treatment is well borne.

SIR ALFRED GARROD has recently published an elaborate paper showing the value of the long-continued use of small doses of sulphur in diseases marked by *chronic torpidity of the liver*. The remedy is exhibited in the form of a Compound Sulphur Lozenge, consisting of five grains of milk of sulphur and one grain of cream of tartar, one or two to be taken at night, or one in the morning and one at night. Usually a single lozenge at night will render any other aperient unnecessary.

PROFESSOR AUSTIN FLINT gives the following formula for a saline and chalybeate tonic which he has used with great success in cases of *anæmia* (N. Y. Med. Journal):

R	
Sodii chloridi (C. P.)	3iij ;
Potassii chloridi (C. P.)	gr. ix ;
Potassii Sulphat (C. P.)	gr. vi ;
Potassii carb. (Squibb's)	gr. iij ;
Sodii carb. (C. P.)	xxxvj ;
Magnes carb.	gr. iij ;
Calc. phos. precip.	3ss.
Calc. carb.	gr. iij ;
Ferri redacti (Merck's)	gr. xxvij ;
Ferri carb.	gr. iij.

M. In capsules No. 60.

Sig. Two capsules after eating.

He reports special benefit also from its use in *albuminuria* and in one case of *glycosuria*.

Sterility is cured by DR. P. E. OUTERBRIDGE (Med. Rec., April 20, 1889), by means of a small skeleton steel wire bivalve speculum, so shaped as to be self-retaining, which is introduced into the canal of the cervix uteri and holds the canal patent. The inventor has used it upwards of eighty times and it has never caused in his hands any difficulty other than a discharge, and that due to a faulty fit of the instrument and easily remedied by changing its size and shape. It is introduced at from the eighth to the fifth day before the expected menstrual period and allowed to remain as long after, unless there be indications for its removal such as non-appearance of the menstrual flow, or increased discharge and pain. The editor of the *Analectic* confirms the value of the method.

MAX KARTUM (Allgem. Med. Centralz.) advises caution in applying lotions of carbolic acid in the case of females, children and the aged. He reports that in such cases *necrosis of the skin* may follow the continued application of dressings moistened with as low as a 1 or 2 per cent. solution of carbolic acid.

DR. MASON (Medical World) finds cocaine, grs. one-fourth every three hours, the most reliable remedy he has tried in the *vomiting of pregnancy*. When possible, he keeps the patient abed.

NOTES AND COMMENTS.

In the annual report of the Superintendent of Health of Providence, Rhode Island, for 1888, is an account of an epidemic of typhoid fever, extending through the months of November and December of that year. Inspection revealed the fact that the Pawtuxet river, the source of the water supply of Providence, had been contaminated with typhoid excrement discharged into it at the village of Natick, three and a half miles above the pumping station. It was found that a large number of the patients had used filtered water. Several of these filters were examined by Dr. Swarts the medical inspector, Dr. Prudden of New York, and Dr. Ernst of Harvard, all bacteriologists of recognized skill. They found not only typhoid bacilli, but several organisms characteristic of fecal matter besides. Their results confirm the conclusions of Dr. Currier (Medical News), to the effect that ordinary domestic filters are culture beds of bacteria, both harmless and pathogenetic. In the case of the Providence water supply, while typhoid bacilli were found in the filters, examination of the water itself gave only negative results. This investigation is of interest to us in Cleveland. Let anyone tie a small cloth bag to one of our faucets, and in twenty minutes the bag will be lined with a musty-smelling, gelatinous layer composed of diatoms, the remains of entomostrata, rotifers, hydras, etc., together with living forms. Such a layer must form in every filter, and one could hardly imagine a more favorable culture-medium for pathogenetic bacilli, such as the typhoid bacillus, to grow in. There is every reason to believe, also, that such a sediment lines many of the water-pipes where the flow is less rapid than in the larger mains. It would be of interest to know whether our filters also contain typhoid bacilli, and whether such bacilli are to be found in the sediment of our mains. Meantime it is always in order to boil the water used for drinking purposes.

A portable battery cell that will not spill nor break nor come in contact with the elements when not in use has been attained by Mr. Bryan of Springfield, Ohio, who has also made other valuable improvements in portable batteries.

Dr. H. W. Kitchen, who has been in Europe for the past year, expects to return about the middle of September.

Dr. W. T. Corlett may now be found in his new office at 333 Prospect street.

Dr. Lorenz (Centralbl. für Chirurgie, June 8, 1889) advocates the use of cocaine injections to reduce primary inflammatory contractions of the joints. He boldly injects, under strict antiseptic precautions, of course, a half or even a whole Pravaz syringe-full of a ten per cent. solution of cocaine into the affected joint, when the pain shortly ceases and the limb may be extended and fixed in the proper position. He says that children bear cocaine very well, but great caution is needed with adults, with whom very small quantities of the drug will often suffice. This caution is well timed, as deaths have resulted from hypodermatic injections of cocaine in doses that were considered safe.

Dr. Brown-Seek-Hard.—How the Elixir of Life was Discovered According to the Testimony of a Well-known Cleveland Physician.—A well-known physician of this city, who subscribes himself as "Prion," sends in the following account of how the new elixir of life was discovered:

And in those days there arose a man in Paree. Now Paree was a town not gone wholly mad, but just on the verge of the Seine. And Paree was disquieted, yea, there was great unrest in the town. For they thought not as their fathers thought, nor as other men thought, least of all as the men of Ger thought. For there was a deep hate towards the Ger-men, and their life was bitter because of it. Yea, very bitter and full of woe, for they feared their eyes might not see the discomfiture of their enemies. How that their eyes might fail not till this great joy greeted them, consumed them, and caused untold longing and effort. And their much longing and effort and the desires that consumed, especially the men of Paree, made them mad.

And their men of science came also and dwelt on the verge of the sane. And among them all seeking to accomplish the downfall of their enemies arose the man Brown. And by reason of his exceeding much effort he was called Brown-Seek-Hard. Now Brown-Seek-Hard sat in the place of a great man in science, in the chair of the great Bernard. And Brown-Seek-Hard was known to men of science as him who succeeded Bernard. Now Brown was a man of Ur, not of Ur of the Chaldees, but of the Jok-Urs. And Brown-Seek-Hard waxed old but

found naught. And when he retired to his couch at night his heart was heavy, for he was no longer the man he had been. When he arose in the morning he was heavy and sad at heart, for men would say he was no longer the man he had been. And thereat was he exceeding sad, for it was true. Now Brown dearly loved the Joke, for he was a Jok-Ur, and one day as he wrought in his laboratory he thought: "Now will I cast the mantle of the Bernard around me, and I will sally forth and proclaim it abroad through the town, that men need no longer fear dimness of eyes nor the weakness of age, for a vision of life has come to me. I have looked upon the rabbit, the young rabbit, and the guinea-pig, and behold, they are good: and I will declare how, with the mantle of Bernard about me, I have taken of their life and their vigor and have used it, and my life and my vigor have returned; thereby will I sit in the seat of the Bernard yet a little. And I need not often to try it, but I will watch other men seek to regain vigor and life, and warmed by the mantle of Bernard and resting in his seat, will I laugh at the folly of men, and my name shall go abroad in all men's mouths." And it was done. And the Joke was clothed with the mantle of Bernard, and many fell before it and worshiped it. And the men of Paree were filled with joy and with rabbit, the young rabbit, and the guinea-pig, and their sight failed them not, and the weakness of age came not upon them. And now they think to watch the downfall of the Ger-man and they are glad, and the name of Brown-Seek-Hard fills the mouths of men and of women. But the mantle of Bernard rustles and the chair he sat in is shaken, for there is great mirth, and the Joke is abroad in the world.

And other men, who were also no longer the men they had been, seized upon the joke, but they were known in science neither in their own names nor in the names of men they had succeeded. And they thought, "Now will we, far from the great Jok-Ur, tell his Joke and will watch and our names will be in the mouths of men. And behold we will have many shekels and the joke will be ours." For these men were crafty and were also men of Ur, not of Ur of the Chaldees, but of the Doct-Urs and Sharp-Urs. And so it came to pass that they told the Joke, and they laughed, for now they were Jok-Urs, but they had no mantle of Bernard to rustle, so it came that they only laughed in their sleeves. But in one thing they

erred. For they used not the glands of the rabbit, the young rabbit, and the guinea-pig, but drew from the lamb his vigor, and as the Joke waxed old, so also the vigor of the lamb grew, and increased, and the fools, at whose folly the Jok-Urs had laughed, waxed wroth, and laid together their heads with the vigor of young rams, and the Jok-Urs of the race of Sharp-Urs of the tribe of Doct-Urs became the butt of their stolen Joke. For they had erred. Yea, verily, their Brain-erred, and it was a Bigg-Err.—*Cleveland Leader*.

The Faculty of the College of Physicians and Surgeons of Baltimore held a meeting last week to fill the vacancies created by the deaths of Professors John S. Lynch and Oscar J. Coskery and the retirement of Professor A. B. Arnold, who has removed to San Francisco. Professor Thos. S. Latimer was transferred to the chair of principles and practice of medicine and clinical medicine; Professor Chas. F. Bevan to the chair of principles and practice of surgery and clinical surgery; Professor J. W. Chambers to the chair of operative and clinical surgery, and Professor George H. Rohé to the chair of obstetrics and hygiene. Professor Thos. Opie will continue as professor of diseases of women and dean of the faculty. To fill vacancies created by these transfers new professors were elected as follows: Professor Henry Sewall, of the University of Michigan, to the professorship of physiology; Dr. George J. Preston to the professorship of anatomy, with the diseases of the nervous system as a clinical branch of instruction. Dr. N. G. Keirle was elected as lecturer on legal medicine, in addition to his demonstrations in pathology; Dr. George Thomas as lecturer on diseases of the throat and chest; Dr. G. A. Liebig, Jr., of Johns Hopkins University, lecturer on medical electricity, and Dr. J. H. Branham, demonstrator of anatomy. Drs. L. F. Ankrum, Frank C. Bressler and F. G. Moyer were appointed assistant demonstrators, and Dr. R. G. Davis, prosector of anatomy. Professor Sewall, who comes here from the University of Michigan, is an old Baltimorean, and was for several years demonstrator of biology in Johns Hopkins University. All the other appointees are residents of this city. As an evidence of esteem on the part of his colleagues, Professor Arnold was elected emeritus professor of clinical medicine on his retirement.

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ORIGINAL ARTICLES.

**NOTES ON THE STATUS OF DERMATOLOGY
AND SYPHILOGRAPHY IN EUROPE.**

BY WILLIAM T. CORLETT, M.D., L.R.C.P., LOND.,

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ilography Western Reserve University, etc.,

Cleveland, Ohio.

The question as to comparative rank in the medical centres of the old world cannot of necessity be definitely settled. Some excel in one line of work, while others lay claim to other resources. In all are found most able and estimable men. Paris, which is said to be the haven of all good Americans, will first claim our attention. The hospitals of Paris are supported by the government. No fees are received from students or others. The most available work done in dermatology and syphilography in the French Capital is met with at the Hopital Saint Louis. At the outset, one regrets that the work of this great hospital is encompassed within the hours from nine

to twelve. It may not be uninteresting to give an outline of the daily schedule for a week.

First. There is, every morning at 9 o'clock, the *consultation*, which corresponds to the out-patients' department of our hospitals. These consultations are presided over by each member of the staff in succession, who, with his assistants, sees about three hundred cases. Cases of interest or of special import are received within the wards, which accommodate about eight hundred patients.

Second. The *comité*, which is a weekly consultation at which the most interesting cases within the wards are exhibited and discussed by the several members of the staff. This unquestionably affords the very best opportunity to study rare diseases of the skin, or those difficult of diagnosis.

Third. Special mornings—one or two a week—are assigned by different men for the treatment of special diseases. Thus, Vidal scarifies for lupus Tuesdays at 11 o'clock; Besnier operates for lupus Wednesdays, and Hallopeau treats diseases of the scalp Fridays at the same hour.

Fourth. During the past few months Prof. Fournier's lectures on syphilis, illustrated from his wards, have occurred Wednesdays at 10 o'clock. Of these lectures little need be said, the well-known reputation of this author is quite sufficient to draw, and the clear, concise way in which they were given surpassed anything we had heard.

Lastly. The daily visitation of the wards takes place at 9 o'clock.

The plan of instruction, it will be seen, is most complete for advanced students of dermatology. We saw little of elementary teaching. Furthermore, the Frenchmen are radical in everything, and in nothing more so than in medicine.

It appeared to us that the great point to be attained in this vast array of clinical material was to form a correct *diagnosis*. The treatment seemed to be largely experimental.

The senior physician at the Saint Louis is M. Vidal, about fifty-eight years of age, slightly below medium height, with a slight stoop, slightly bald, with a black mustache streaked with gray, and withal a pleasant man to meet if you let him have his own way; disagree with him and he comes down on you like the northeast wind. Vidal was recently married for the first time. He has a large private clientage. He speaks at least three languages, and often quotes his foreign *confrères* without bias, giving every man full credit for his work.

The most conspicuous figure on the staff is Professor Fournier, who is a large man of about sixty, with a benignant face, which gives him a great natural advantage, and he impresses one as being a strong man, both mentally and physically. He is tolerant of the opinions of others and often speaks of his master, M. Ricord.

No name is more familiar to readers of modern dermatological literature than M. Besnier. He is a solidly built man of medium height, about fifty-five years of age, with dark hair, slightly bald. He has a kind face, although his bright eye flashes at the slightest irritation. He is a most indefatigable worker and impressed me as being the ablest man in Paris.

The Parisian physicians are quite conscious of their own importance, and are the least cordial of all countries to foreigners. At the present day they possess the best facilities for study. The nurses are not selected, as in time past, from religious orders, but from those who, disfigured from some unsightly disease, would find it difficult to secure employment in any other calling. They are both male and female.

But the dermatological and venereal work of France is not confined to Paris. Lille has of late come into prominence through the energy of Lelois, who was appointed professor at the École de Médecine of Lille through political influence. He was comparatively unknown before. The material at his disposal is of course small compared with that met with in the

Capital city. Much ill feeling was manifested at his appointment, but the energy with which he has begun his work, together with the numerous articles that have appeared from his pen, stamps him undoubtedly as a man of strong parts.

Italy, struggling to regain her political importance, is not behind in her scientific aspirations. Good and original work is now going on within her borders. In Rome, Professor Manassei and Dr. Tommasoli conduct a large public service. The most noteworthy feature of the Italian clinics was the large number of pustular diseases, as well as those of a gangrenous nature, which were seen. The services were conducted much the same as in France.

Vienna, the Mecca of the medical world, is doubtless so familiar to you all that a description at length would be superfluous. There are special methods of teaching dermatology and syphilography in Vienna, however, which call for more than a passing notice. The method of instruction by means of special courses is admirable for beginners. Professor Kaposi's clinic, which begins at 8:30 in the morning, is an art lecture in itself, copiously illustrated with living models mounted on high pedestals. The diseases are varied, and the student can readily acquire a good knowledge of the subject. Professor Neumann's admirable clinical lectures on syphilis are, of course, well supplied with varied specimens of the disease, and he presents the subject of syphilis and its differential diagnosis in a most taking manner. If one is horrified at the pathological specimens who serve as nurses in Paris, his moral sensibility will be shocked upon entering the venereal wards at the Allgemeines Krankenhaus at Vienna. The nurses are gross specimens of womankind, who seem to take a brutal delight in their calling. In their favor, it may be said they are fully as efficient as the men, whose services are required in the more vigorous pursuits of warfare.

Dr. Hebra, the only son of the illustrious dermatologist, is at the Polyclinic at 9 o'clock in the morning. Few interested in dermatological work visit Vienna without see-

ing Dr. Hebra. His service is fairly well attended, and as a teacher he is well qualified. Our impression of the Vienna School of Dermatology was favorable. The instruction is largely primary, crossing and recrossing the field in short courses of about six weeks. The treatment is less experimental than in Paris. The Vienna school has always been the exponent of the local management of diseases of the skin, and here one would expect to find it carried out in its most effectual way, and so it is; but one living in England or America could not subject his patients to the severe measures which are here practiced. Vienna is an expensive place to live in, and from five to twenty dollars are charged for each course. The government allows but sixty cents a day for each bed in the hospital.

Berlin is fast coming into prominence as a school of dermatology. The first impression one gets on entering the hospitals of the German Capital is favorable. The wards are well kept; the nurses are clean, trim and comely—gentlemen and gentlewomen in the American sense of the term. There is an order and a regularity, too, that bespeaks a high degree of discipline. The institutions which stand out most prominently in dermatological and venereal work are the Polyclinic and the Charité Hospital.

The first is presided over by Dr. Oscar Lassar, to whom we are all indebted for many valuable points in the management of cutaneous affections, and to whom Berlin largely owes her prominence as a dermatological centre. Dr. Lassar is still a young man, fine-looking, very active, and is preparing a work which will shortly appear. He speaks English and French fluently.

The Polyclinic is a large, newly-built hospital, with both public and private wards, fitted up with the most approved modern appliances. The out-patient department is open from 9 to 4 o'clock, and special hours are given for the clinical teaching of the various subjects in this department of science.

Dr. Lassar is assisted by an able corps of assistants, some of whom are already well known in dermatological work.

At the Charité Hospital, Professor Lewin has charge of the skin and venereal wards. He is about fifty-five, is carefully dressed and wears a full beard streaked with gray. He does not look like a German, but would pass for an American. Here, under the eye of its promulgator, one can follow the treatment of syphilis by subcutaneous injections to the best possible advantage. Lewin's clinics are held daily from 12 to 1 o'clock.

Another clinic of note in Berlin is that of Dr. Behrend's, which is held daily from 9 to 11. Thus it may be seen one can here improve every hour in the day in this special line of work, which cannot be said of the places previously mentioned. Berlin is an inexpensive place to live, and the genus *discipulus medicinæ* is more attractive to the eye, in spite of scars from dueling, than his *confrère* either in Paris or Vienna.

If France is the most radical country in the world, England is assuredly the most conservative. So in the hospitals of the great metropolis of the world, one sees for the most part those methods which have stood the test of investigators less conservative; not that original work is in bad form in London, but the restraining influences which characterize them will never permit a rapid stride in untrodden fields. The hospitals of London are supported by endowments, by voluntary contributions and by students' fees. Clinics for skin diseases are conducted at all the general hospitals, usually once or twice a week, at different hours. The hospitals devoted exclusively to skin and venereal diseases are the Black Friars' and the Male and Female Lock Hospitals. The Black Friars' Hospital for skin diseases is a thoroughly English institution; its ways are like the laws of the Medes and Persians, which change not. After an absence of eight years, we walked up to the familiar old building. The same liveried porter stood at the door; the same clerical-

looking secretary sat writing at the desk; the same green curtains hung like the veil of Isis, separating the mysteries of the consulting-rooms from the common gaze; and last, but by no means the least in proportions, the same officious porter's wife busied herself about.

Clinics are held here every day from 2 to 5 P. M. The material is abundant, but it is not utilized for teaching, as only practitioners of medicine are admitted. The gentlemen on the staff, however, are most courteous to those interested in dermatological work. It is the best place in London to see diseases of the skin.

The Lock Hospitals have clinics three times a week in the afternoon. Berkeley Hill, the well-known syphilographer, is chief of the staff at the hospital for males.

Of the general hospitals, J. Radcliffe Crocker has a clinic twice a week at the University Hospital. He is a good teacher and too well known to call for further description.

Dr. Stephen Mackenzie holds a clinic at the London Hospital every Thursday morning. Dr. Mackenzie is one of the best teachers in London and always has a large number about him who are working in this direction. He is a most careful observer and has contributed largely to our knowledge of certain diseases of the skin. He is especially courteous to Americans, and enjoys a large consulting practice.

Dr. Colcott Fox, brother of the late Tilbury Fox, is at Westminster Hospital Wednesday afternoons. He is a painstaking teacher and is clear in his statements—a most admirable faculty in imparting knowledge to the general student.

We noticed with regret the absence of two great lights, Mr. Jonathan Hutchinson and Dr. Robert Liveing. The former is no longer seen at the Black Friars' Hospital, and Dr. Liveing has accepted the registrarship at the Royal College of Physicians. Of Malcolm Morris at St. Mary's and Dr. Sangster at Charing Cross, as well as many other well-known dermatologists, space prevents us from further

mentioning. Also many rapidly rising men of marked ability who are contributing largely by original research to the future status of dermatology in Europe, conspicuous among whom may be mentioned Dr. Abraham of the Westminster Medical School of London, and Dr. Lewis Wickham, first assistant to Vidal at the Saint Louis in Paris.

It may be seen that in no place can one employ time to better advantage than in London, and nowhere do conditions of race, custom and personal traits more closely correspond to the conditions met with on this side of the Atlantic.

333 Prospect street.

A PLEA FOR EARLY EXPLORATORY INCISION.

BY NEIL MACPHATTER, M.D., C.M., L.R.C.P.E., L.F.P.S.,
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In abdominal surgery the certainty of the surgeon's diagnosis cannot always be attained, for reasons to be afterwards given, nor indeed is it necessary. Yet there are those in the profession who maintain that we should never open the abdomen under any circumstances before we have first made an exact diagnosis. It is to endeavor to show the fallacy of such teachings that I have chosen this subject. Had this been the guide and criterion of the pioneers of our profession, abdominal surgery had never attained its present proud position. In speculative moments I cannot but reflect upon the wonderful advancement that has, within recent years, been made in elucidating many of the mysteries that had always surrounded abnormal conditions within the female pelvis—mysteries that would have continued to remain in obscurity and doubt, had not several of our surgeons shaken off the shackles and teachings of the elders and gradually revealed many of these diseases in a new and reasonable light. These workers have shown that many of the precepts of the

old teachers could no longer be followed or sanctioned, and that the sooner the profession recognized that in many instances the treatment was to be rescued from the hands of empiricism and placed upon a firm, scientific, surgical basis, the better.

Taking the tumors of large size, such as the soft α dematous myoma, ovarian cystoma, parovarian cysts and others, there are frequently conditions and symptoms of similarity that render a differential diagnosis puzzling and impossible. This should not, however, deter the operator from opening the abdomen, making his diagnosis and then removing the tumor, whatever kind it happen to be. In many conditions of the tubes is this argument particularly applicable. A distended tube with an ectopic pregnancy before the period of rupture, is, in many instances, absolutely impossible to distinguish, either by subjective symptoms or by physical examination, from a pyosalpinx. In either case our patient is in most imminent danger. There is but the thinness of parchment between her life and almost certainly fatal peritonitis in one instance, and alarming, if not fatal, hemorrhage in another, which any sudden exertion is liable to bring on. Here are tubes in both instances distending, and whose walls are gradually getting so thin that they cannot resist further distension. They are liable to rupture at any moment, whether from the rapidly growing foetus or from pus, with almost certain fatal consequences; and yet it is said that the surgeon should hold his knife from the safety and relief it affords.

There is yet more uncertainty in the diagnosis of those vague pelvic diseases for which the physician is frequently consulted, and upon examination no tumor can be recognized. These patients are, nevertheless, in a serious state of health, and are gradually and surely getting worse. All manner of treatment will have been tried, such as rest, hot water douches, massage, etc., without any beneficial results. The physician will shortly discover his patient is verging upon the edge of chronic

invalidism, with constant pain in the pelvis as the prominent symptom. Upon close examination it will frequently be ascertained that there has been inflammatory trouble following an abortion, normal labor, or one of the zymotic diseases. Should the trouble be due to a previous pelvic peritonitis or parametritis, no distinct enlargement will be appreciable by physical examination, although there will be present many conspicuous changes in the cellular and connective tissues. These changes are due to extensive parametritic and peritoneal cicatrices and keep the uterus and its appendages in a more or less fixed position, according to the number and direction of the remnants. These pseudo-membranous cicatricial bands may bind themselves in almost any conceivable direction. Frequently it happens that the ovaries and tubes are implicated and bound down and matted together by these contracting membranes. They have by this time lost their functions irretrievably.

In instances of this character, when after every known line of treatment has been honestly tried, the duties of the surgeon are urgently justifiable to make an exploratory incision, remove the tubes and ovaries, break up and drain away the adhesions. By this means we can restore to health and comfort many women who would otherwise be tossed about in pain and misery from one physician to another, seeking relief and finding none.

A specimen which I now have in my possession illustrates admirably the advantages derived from the principle I now advocate. When clinical assistant to Mr. Lawson Tait, a young lady aged twenty-three years, was sent to him with the following history: She had been married about four years, but had no children; ever since the onset of menstruation she had been suffering pain during her periods; as years went on this pain became more severe, and latterly was quite unbearable; it lasted for two weeks each time and made her life miserable; it became necessary for her to lie up in bed and to use morphia and hot applications to relieve her pain; as a last resort she was

sent to Mr. Tait for advice. No pathological condition from examination could be determined, yet here was a woman whose existence was pitiable in the extreme. The physician who had been attending her had faithfully carried out the usual treatment, and what his ingenuity could suggest, with no permanent benefit. The subjective evidence pointed so strongly to tubal disease that an operation was suggested. This was gladly consented to, as the woman was willing to run any risk for relief. It was found that both tubes were quite inflamed and much smaller than fully developed normal tubes. There was no fimbriated extremity. The outer part of the tubes gradually diminished in size and blended into the broad ligaments, where they became lost. They were removed, together with the ovaries. The woman immediately regained excellent health, the pain entirely disappearing. From the fact that both tubes were similarly defective at their outer extremity, and both becoming lost in the broad ligaments in the same manner, I concluded it was a congenital want of development and not due to inflammatory action. I defy any man in existence to have made a positively correct diagnosis of the condition present previously to the exploratory incision. Here was a woman laid up half her time suffering; life had become a burden to her, and the results clearly prove that the operation was urgently demanded. Had it been done years before it would have been a blessing. Neither can it be said that she was unsexed; because for obvious reasons the ovum could never be grasped by the fimbriated extremities that never existed.

Examples illustrative of this case can be multiplied if necessary, showing that the principle of exploration is a sound one, and that much suffering and many lives can be saved by its judicious application.

I do not, however, wish to be misunderstood upon this important matter. I do not advocate the radical idea that whenever a pain or an ache is found to lodge for any length of time in a woman's pelvis that the surgeon should

immediately rush with scalpel in hand and recommend an operation, nor would anyone in his senses think of such a thing. It has been this indecent haste, by those anxious for an operation, and in many instances incompetent but led away by the seduction that hovers about the art of surgery, that has done much to impede the progress of legitimate and honest surgery. The evil results following operations that have been recommended and performed by those of unguided ambition should not be laid at the door of the healing art, but rather look to those who, with too eager enthusiasm, have not taken the time to sufficiently investigate the condition calling for operation. Measured by its brilliant results in the hands of intelligence, abdominal surgery is the wonder of our profession. In the domain of removing diseased appendages for chronic, incurable maladies, it has rescued many hundreds of women from a state of misery and pain to that of health and comfort. In the hands of those who have given this subject their sole attention, and from the experiences they have had know whereof they speak, the principle of resorting to an exploratory incision in suitable cases, after every known line of treatment has been justly tried, is a necessary and a sound one. Dr. Edis of London says on this subject, "There could be no doubt that thousands of women in the length and breadth of the land were suffering as only women could suffer, whose condition was totally ignored or disregarded, and who were treated by purgatives, hot water douches, caustics, pessaries and what not, without deriving any but trivial benefit. He agreed with Mr. Tait that when the symptoms justified their opening the abdomen, their duty was to do so. Formerly they merely tinkered about with pessaries, and the patient went unrelieved. He thought it ought to go forth that men in general practice ought not to allow their patients to continue for years to suffer without having resource to an operation which, on the whole, involved very little risk in competent hands." Drs. Bantock, Barnes, Savage and others hold strongly to the same

views. Mr. Lawson Tait says, "that in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made." Again, quite recently, he says: "Absolute accuracy of diagnosis in the abdomen is very far from being possible; only the ignorant assert that it is, and only fools wait for it."

It frequently happens that results of the most wonderful and marvelous kind follow an exploration when nothing has been done but a drainage tube left in. Thus in enlarged spleen or liver, with effusion, exploration is followed by a gradual diminution of the tumor and ultimate recovery. I have again seen a young lady, supposed on exploration to have malignant enlargement of the kidney; nothing was done but a drainage tube left in, and to the amazement of all she suddenly showed symptoms of improvement, and returned to her home fully recovered. Why this is so I cannot say, any more than I cannot understand why papilloma, in two instances, showing exactly the same features and undistinguishable from each other under the microscope, is rapidly malignant and fatal in one and is curable by mere exploration and drainage in the other; or why mere washing out the abdomen and drainage in tubercular peritonitis are so frequently followed by a complete restoration to health. Persistent pain in the pelvis and enlargements of other organs are, beyond dispute, not unfrequently cured in this inexplicable manner.

TEN CONSECUTIVE CASES OF ABDOMINAL SECTION FOR THE REMOVAL OF THE UTERINE APPENDAGES FOR THE RELIEF OF PELVIC PAIN AND THE RECURRENT ATTACKS OF PELVIC INFLAMMATION.*

BY RUFUS B. HALL, M.D., CINCINNATI, OHIO,

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The ten cases of abdominal section presented in this paper include all of the operations I have made for the removal of the uterine appendages since September 20, 1887. Nine of the cases recovered; one died. The histories of the cases of inflammatory diseases of the ovaries and tubes are so different from the histories of patients suffering from large tumors, and there are so many different symptoms connected with the diagnosis in these cases, that I have thought a short report, treating of the conditions for which the operations were performed rather than of the details of the operations themselves, might be of interest to you.

Case I. Mrs. A., Ritchie county, West Virginia; patient of Dr. Scott of Parkersburg; aged 33; married eleven years; mother of one child; had two miscarriages, the last eight years ago; at which time she had an attack of peritonitis, since when she has been an invalid. For two years before the operation she was confined to her bed almost constantly; the only time she could be up was the last few days just before her menstrual periods. Almost every period for the past two years was followed by an attack of peritonitis. She suffered constant pain and was in a wretched state of exhaustion and emaciation; her weight would not exceed ninety pounds, when her former weight had been one hundred and thirty. Operation made at my "Home" September 20, 1887; removed both ovaries and tubes; firm adhesions; right

* Read before the Ohio State Medical Society.

tube contained pus; recovery; present, Drs. Hanley and Lash of Chillicothe, Ohio. Now, twenty months after the operation, she is in perfect health, and has been so for many months.

Case II. Mrs. C. A., patient of Dr. Andre of Piketon, Ohio; aged 41; married nineteen years; mother of three children, the youngest ten years old. After the birth of her last child she suffered from an attack of peritonitis, and ever afterward complained of pain in the left inguinal region. Fully half of the time, for two years before the operation, she was confined to her room, and much of the time to her bed.

The operation was made at my "Home" November 16, 1887. The left tube was adherent and distended with pus to the size of a small orange. Right tube was firmly adherent and thickened, but contained no pus; recovered without a bad symptom and now enjoys perfect health. Present, Drs. Andre and Barry of Piketon, Ohio, and Dr. Barnes of Chillicothe, Ohio.

Case III. Mrs. J., aged 31, of Frankfort, Ohio; married twelve years; no children; no miscarriages. About one year after her marriage she had an attack of pelvic inflammation, from which she did not fully recover. This condition, with exacerbations of pelvic pain and inflammation, continued until 1886, when she had another attack of pelvic inflammation, and from this time the pain steadily grew worse. She had had all kinds of local and constitutional treatment for years without benefit. I was consulted in March, 1888. Examination revealed a small tumor behind the uterus. It was extremely sensitive, causing the examination to be attended with much pain. Operation performed at my "Home" April 30, 1888. The tumor proved to be the right ovary, very much enlarged and adherent, containing an abscess that involved about one-third of its structure. The left ovary and tube were found in a state of chronic disease and were removed also. Recovery complete; present, Drs. B. M.

Ricketts and Van Meter of Cincinnati, and Dr. Hall of Springfield, Ohio.

Case IV. Miss A. W., aged 27, patient of Drs. Bliss of Sparta, Ohio, and Scott of Mt. Vernon. Two years and a half ago she caught cold during the menstrual period and had an attack of abdominal inflammation which confined her to her bed for three or four weeks. During the following year she suffered great pain and was confined to her bed for ten or twelve days at each menstrual period. About one year after her first illness she had a second attack of abdominal inflammation which continued for five or six weeks, at which time her life was despaired of. At that time she had a discharge of three or four ounces of pus from the vagina, which relieved her very much and she improved to some extent, but before she was able to leave the bed the discharge of pus stopped and she again had a recurrence of the pain and fever for three or four weeks, when she had a second discharge of pus from the vagina, which gave her temporary relief. For the following eighteen months she was confined to her bed, having a discharge of pus every four to six weeks, which would continue for a week or more and then stop, and be followed by a gradual recurrence of the pain and fever. She was in a wretched state of emaciation and exhaustion when I saw her in consultation August 9, 1888. She had not walked a step for eighteen months, and but once during that time was she lifted out of her bed to an easy chair, where she remained a half hour. Examination revealed a mass on the left side of the uterus as large as a small orange, and the uterus was quite firmly fixed. There was no sinus to be found opening into the vagina, but by pressing over the tumor pus could be made to exude from the cervix. Diagnosis: pyosalpinx discharging into the uterus and an operation for the removal of the tube advised. She was brought to my "Home" upon a cot-bed September 1, and the operation performed September 5. The left tube was firmly adhered and dilated to the size of a small orange and filled with

pus. The right tube also contained a small quantity of pus and was removed. She rallied from the shock better than one could hope for, considering her feeble condition, and continued to do well for three days, but on the fourth day she developed peritonitis and died thirteen hours after the first symptoms of inflammation were manifest. Present, Drs. Van Meter and Elrod of Cincinnati.

Case V. Mrs. W., Bainbridge, Ohio, aged 27, married five years, no children, no miscarriages. Had always suffered great pain at her menstrual periods. About one year ago she had typhoid fever; since that time she has had constant pelvic pain, and has had two sharp attacks of pelvic inflammation, and now spends half of her time in bed. By vaginal examination a mass can be felt at either side of the uterus, which is painful to the touch. She has lost flesh and is much debilitated generally. Requires morphine in large doses several times a day to relieve pain. Operation at my "Home" November 3, 1888. Both ovaries and tubes were adherent, and tubes contained pus. She made an uninterrupted recovery, and now, six months and a half after the operation, is in perfect health. Present at the operation, Drs. Elrod and Van Meter of Cincinnati.

Case VI. Miss J., aged 27, caught cold in her menstrual period in May of last year, and had an attack of peritonitis. About six weeks afterwards, when she had recovered so that she was able to leave her room, she had a relapse, and was never able to leave her bed until after she recovered from the operation. The uterus was fixed, and upon each side a mass could be distinctly felt as large as an orange. She suffered constant pain and required large doses of morphine several times a day to make her condition tolerable. She was very much emaciated, and had constant fever, and it was plainly evident that she must soon die unless she could be relieved. Operation at my "Home" November 22, 1888. Both ovaries were found adherent, and both tubes contained pus, and both

were removed. Present, Drs. Van Meter and Elrod. Recovered, and was able to go home in five weeks.

Case VII. Miss L. V., aged 22. Fifteen months ago she had typhoid fever ; ever since has complained of pain in the inguinal region on both sides, which has increased in severity from month to month. For six months she has had constant local and constitutional treatment of the most approved kind, with no relief. She is unable to stand erect, owing to dragging pain in the abdomen, which is somewhat relieved by stooping forward. For this reason she walks with the body inclined forward. Examination reveals a mass upon either side of the uterus. Operation at my "Home" December 27, 1888. Both ovaries and tubes were found adherent, and the left tube contained pus. The right was in such a diseased condition that it was also removed. Present, Drs. Elrod and Van Meter. She made a rapid recovery, and went home on the twenty-sixth day after the operation, and is now in perfect health.

Case VIII. Mrs. H., Covington, Ohio, aged 39 years, one child, seventeen years old, patient of Dr. Scofield, and was seen in consultation with that gentleman March 8, 1889. She gave a history of having had an attack of abdominal inflammation four and a half years ago, and since then has always suffered pain at the menstrual periods. At each period she was confined to her bed from eight to ten days, suffering great pain. Six months ago she had an attack of peritonitis, and has been confined to her bed ever since, requiring the daily attendance of her physician. Examination revealed an enlargement upon either side of the uterus, was extremely sensitive to pressure. Considering the fact that she had had the best local and constitutional treatment for months, I advised an operation, which was made at my "Home" April 13, 1889 ; double pyosalpinx. The right tube contained three and one-half ounces of pus, the left one-half ounce. Recovered and went home the thirtieth day after the operation. Present, Drs. Van Meter and Elrod.

Case IX. Mrs. M., aged 27, married ten years, two children, the youngest seven years old, patient of Dr. J. S. Caldwell of Cincinnati. She had an attack of peritonitis after the birth of the last child, and has never been free from the pain one week at a time since. The pain is always worse after the menstrual period. She locates the pain in the inguinal regions. Ten months ago she became worse, and suffers constant pain since, which can only be relieved when under the influence of morphine. Examination reveals an enlargement back of the uterus and to the right side. She had had constant local and constitutional treatment for many months, and was growing worse constantly. She was advised to submit to an operation, which she did May 6, 1889, and a double pyosalpinx removed. Patient is now convalescent, and will soon be well. Present, Drs. Van Meter, Elrod and Caldwell.

Case X. Mrs. L. S., patient of Dr. Fishburn of Cincinnati, aged 25 years. Twenty months ago had a miscarriage and an attack of peritonitis afterward. Says that she has never seen a well day since, but she was able to do light housework until five months ago. She has had constant medical attendance since her first illness, from which she received no benefit, but on the contrary grew worse and worse. When she applied to Dr. Fishburn he suspected some serious trouble and referred her to me. An examination revealed an enlargement upon both sides of the uterus which was very sensitive to pressure. An operation was advised, which was made at my "Home" May 7, 1889, and a double pyosalpinx was removed. Patient had an easy recovery, was able to sit up on the thirteenth day after the operation and will soon be well. Present, Drs. Carson, Fishburn and Zurmehly.

This list of cases makes an exceedingly interesting group, any one of which would make a long paper if I would describe all the interesting symptoms. But I will only detain you to refer to some of the most prominent

symptoms which were present in all the cases ; and to two of the cases that differed from the others.

Case I was in a wretched state of exhaustion and emaciation; her weight would not exceed eighty-five to ninety pounds, when her former weight had been one hundred and thirty pounds. She had constant fever for many weeks before the operation. She recovered more rapidly than one could be led to believe who had not seen much of this work, and in six weeks was able to walk without pain and went home a distance of a couple hundred of miles, and is now in the enjoyment of perfect health.

Case IV was also in a feeble condition, greatly emaciated and had constant fever; even when she was at her best, the evening temperature was 102° . She died from peritonitis; yet I believe if she had had the vitality of the average patient she would have recovered. All the cases had been treated for months and years by *local* and *constitutional* treatment, and many of them had become bed-ridden. They all gave a clear and unmistakable history of *abdominal inflammation*, not only one attack, but many. All date the commencement of their illness to an attack of inflammation of the abdomen. In all could be felt, by the bimanual examination, an enlargement upon one or both sides of the uterus, tender upon pressure, which could not be pushed upwards. All the cases proved to, be pyosalpinx except one, of abscess of the ovary. In all the cases the adhesions were firm and extensive. The pain in these cases is due to the pathological condition actually present, and while that remains unrelieved it is obvious that relief can be only temporary. The retroflexion and other misplacements of the uterus met with in all of these cases were a natural result following the repeated attacks of inflammation, and could not be cured by any local application made to the uterus. The cases illustrate the benefit of operative interference in chronic inflammation of the uterine appendages. In looking over the text-books on diseases of women we find

long chapters on the displacement of the uterus and pelvic cellulitis (so called), which are discussed with great care and the most trifling detail dwelt upon and elaborated to the fullest extent; while the more important subject of inflammatory diseases of the fallopian tubes and ovaries has been treated as of but little importance. While it is true that some of the most recent works devote a short chapter to this subject, most of them dismiss it with a few words. I am glad to say, however, that some of the German authors of recent date give minute and complete description of the pathological anatomy of the tubes, showing that they already realize that it is a subject worthy of their careful consideration.

It is this scarcity of literature on the subject that has led me to inflict upon you this extended and tedious report. With my limited experience I will not theorize, but simply offer this report as a small contribution to the fund of knowledge that may in time dispel the misty obscurity that envelopes the subject of diagnosis of inflammatory diseases of the uterine appendages.

154 W. 8th St.

DISCUSSION.

Dr. Reuben A. Vance of Cleveland said:

The very instructive paper we have just listened to, while a faithful *résumé* of clinical experience, would certainly lead us astray were we to consider it a type of the class of cases falling under the eye of the surgeon demanding operative relief. It includes too many instances of pelvic peritonitis—it matters not from what cause produced—in proportion to pelvic cellulitis, to be a reflex of practical every-day work. Those of us who have watched the varying views of authors who have discoursed on the diseases of women—particularly those of a surgical character demanding operative or mechanical relief—have not infrequently had occasion to smile at the influence of fashion even in this secluded domain. At one time inflammation of the neck, with ulceration and engorgement of the uterus, was the potent factor in the diseases peculiar to women; the logical answer to the pressing therapeutical problem was then found in the speculum and local

applications. Then the mechanical school came on the scene—and who has not familiarized himself with their pessaries innumerable and their seductive doctrines of displacement and defective drainage? A reaction that can be traced to the New York State Hospital for Diseases of Women gave an exaggerated importance to a mysterious cellulitis, and any defect the practitioner might note in the ordinary signs of what a surgeon would call cellulitis, was more than compensated by the deluge of hot water with which the penetralia of the sufferer was flooded, until the disease was washed away. Then came an operating era: one owing its popularity to the marvelous success of Lawson Tait, but one in which disciples often lagged far behind the master in the record of cured cases. And just as past waves of practice bore on their crest some doctrine of morbid anatomy that was appealed to for justification of the therapeutical procedures popular at the moment, so now we have a doctrine that is to prove the key to female pelvic pathology and justify ambitious operators in opening the abdomen and removing the tubes and ovaries of such women as will consent to that fashionable surgical procedure. In a word, it is this: inflammation tends to pass from the uterine cavity through the tubes to the pelvic peritoneum; in its course it destroys the proper structure of the oviducts, converts them into serous, bloody or purulent sacs, obstructs their channels and renders sterile the patient; while the disease thus lighted up in the pelvic peritoneum and ovaries causes excruciating pain, obscure nervous phenomena and general constitutional wreck, to say nothing of the adhesions that envelop the diseased ovaries, displace the womb and produce rectal and vesical distress. Here, say the would-be followers of Mr. Tait, is a morbid anatomical condition susceptible of relief in but one way, and that by abdominal section and excision of the ovaries and uterine appendages! And here let me make myself plain: for operations undertaken to relieve this morbid anatomical condition I have no words but words of commendation. The point I wish to make is, that recent teaching has led many to believe that the pathological sequence of inflammation of the genital passages, salpingitis, pelvic peritonitis and lesions of the internal parts, demanding abdominal section and excision of the ovaries and appendages, is the common every-day result of such disease in the female as is met with in ordinary practice.

And again: I object to this sequence of pathological phenomena, not only because its misconception leads to an erroneous and injurious line of practice, but because it is not by any means *all* the truth, even in the cases where apparently it can be demonstrated. Thus, in patients with morbid anatomical evidences of pyosalpinx, pelvic peritonitis and ovaries buried in adhesions, it not infrequently happens that inflammation of the vagina and cervix was succeeded by abscess in the broad ligament, and this in its turn developed the changes in tubes and ovaries. But how different the result when proper surgical procedures are resorted to! Open and drain the abscess, the woman recovers, and, if she marries, may become a mother. Perform abdominal section, remove the ovaries and tubes, and everyone knows the generative function, is forever destroyed. I do not contrast the relative dangers of drainage through the natural passages, and abdominal section, because personal experience has again and again convinced me that cases such as I have described, where pus collections in the pelvic cellular tissue succeeding and depending on primary inflammation of the utero-vaginal canal in turn produce disease of the pelvic peritoneum, tubes and ovaries of an exactly similar character to certain of those portrayed by the essayist, cannot be discriminated without an exploratory abdominal section. But the abdomen once opened and the disease located, the treatment is radically different. Vaginal drainage, after a thorough scraping out of the abscess sac, cures the patient with the minimum of danger, and without sacrificing any bodily organ. And the more I see of cases of pyosalpinx and pelvic peritonitis, the more firmly I am convinced that future years will witness a revolution in the treatment of these diseases; that abdominal section and excision of the tubes and ovaries will be reserved for a small minority of cases, and that vaginal drainage, after thorough scraping of the interior of the sac, will be found sufficient for the cure of the majority.

A CASE OF DIABETES.

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Professor of Clinical Medicine in the Medical Department of the
Western Reserve University.

I saw, with Dr. Chadwick, a child of Mrs. M. N., fourteen months old, female. The child had been complaining somewhat for a month or five weeks. As the child was teething the mother thought nothing serious was the matter. But as the child became restless and extremely thirsty, finally they called the doctor, who took the temperature and found it a fraction over normal. While he was getting the history and making his examination, he, by accident, noticed that the child passed a large quantity of urine. On inquiry, found it true that a large quantity was passed. So he requested a specimen; the specific gravity, 1.035. The quantity, specific gravity and thirst led to a correct diagnosis, which was confirmed by several examinations. The doctor had seen the case only six days when I saw it. It had then a peculiar labored respiration. There seemed no obstruction to respiration by congestion of the lungs. What had produced this condition was the wonder. The mother and father are healthy; the child has been as well as children usually are at that age, until this sickness during the last month. The only thing I could find was that the child fell out of the bed five or six weeks ago. Was it injury to the brain? There was no sign of it in any symptom at first nor afterwards.

I find very few cases of so young a subject reported—one case in the Medical Record last year, twelve months old; in 'Reynold's Medicine,' of 618 cases only 4 under ten years—no mention of any so young; in 'Reference Hand-book,' Garnerus' case of a boy one year old. This is the only case of so tender an age referred to. It is not so very uncommon to meet cases over five years. I am of opinion that this present case received some injury of

the brain at the time of the fall, although nothing unusual was noticed at the time or afterwards, which could lead to any suspicion that anything was very wrong with the child. One circumstance ought to be mentioned in the family history: a sister some time ago died of the same condition at thirteen years of age. There are several other children in the family who seem as healthy as any children can.

The treatment of such young subjects seems especially unpromising. It is difficult to do anything by medicine, and nothing can be done by change of diet. All three of the cases to which I have here referred have died.

A SYNOPSIS OF THE REPORT ON PROGRESS
IN OBSTETRICS, MADE BY DR. H. H.
POWELL, AT A MEETING OF THE CUYAHOGA
COUNTY MEDICAL SOCIETY HELD SEPTEMBER 5, 1889.

Of first importance is the present status of antiseptics in obstetric work. Those best acquainted with the results accomplished by antiseptics in this department are the most enthusiastic advocates of their use. Because of their use the statistics furnished by the maternities of the world are astonishing, more favorable indeed than can be furnished from private practice. In the Tarnier Pavilion in Paris they have had nearly one thousand deliveries without a death. In Queen Charlotte Lying-in Hospital, London, there were last year nine hundred and sixty-two confinements, with but two deaths. In the Preston Retreat, Philadelphia, Dr. Price reports five hundred deliveries without a death. Results almost equally marvelous are reported by many other maternities. There is a growing tendency, on account of these reports, towards the belief that deaths resulting from childbirth are to a great degree avoidable. The obstetrician is assuming a position of importance in the field of pre-

ventive medicine which would have been impossible for him a few years ago.

Of antiseptics, perhaps creoline is the latest to claim favorable notice. It is claimed for it that it is far safer than either corrosive sublimate or carbolic acid, whilst equally as efficient. Your reporter has used a three per cent. solution, as advocated by some, and found it caused excessive burning; he believes a one per cent. solution sufficient. Intra-uterine douches are used less frequently than they were a short time ago; the indications for them must be well defined. Vaginal douches, as a routine practice, are not used in maternities. Authorities differ as to their value in private practice.

All recognized authorities, with the exception of Charpentier, advocate the immediate repair of the torn perineum, if equal to half an inch or more. Less stress is placed upon the immediate repair of the torn cervix, if not the cause of hemorrhage.

Næggerath, Hegar and others believe undue importance has been given the torn cervix; there is a growing tendency towards letting the cervix alone. If the tear is considerable, and the woman's condition admits of it, primary operation is advised by many.

Bussey of Washington and some others are advocating the abandonment of craniotomy on the living child. Whilst recognizing the efforts of these gentlemen as being in the right direction, it is believed the operation of craniotomy will continue to be preferred to cesarean section, at least in private practice, until a better showing can be made of the mortality rate from section.

Perhaps no subject has been discussed by obstetricians and gynecologists more frequently than ectopic pregnancy. Concerning the ease of diagnosis and treatment, authorities differ widely. Electricity has met with but little favor outside of America; up to the fourth month it continues to be advocated by many of our best authorities.

The application of the forceps to the after-coming head is growing in favor. Tamponing the uterus after mis-

carriage with iodoform gauze is not advised by the best authorities.

Efforts to revive the use of the lancet in the treatment of eclampsia are not meeting with success. Attention has been called to the danger of leaving parts of the membranes in the womb after the expulsion of the placenta by Credè method; traction upon the membranes should be avoided until the womb relaxes.

Barnes continues to believe there is a form of puerperal fever which arises from deficient gland excretion, causing accumulation of waste material in the blood. He classifies it as autogenetic or endoseptic.

In the discussion of Dr. Powell's report, Dr. H. K. Cushing stated that he had found creoline in one-half of one per cent. solution a valuable antiseptic in obstetric practice. It is superior to other antiseptics generally used in these cases, in that it leaves the parts moist, and repeated examinations can be made without causing the same irritations that are sure to result when other substances are used. Dr. A. B. Carpenter questioned the correctness of the reporter's opinion that the majority of American authors were advocates of the use of electrolysis in cases of ectopic pregnancy before the third or fourth month. Dr. C. F. Dutton stated that his reading would lead him to believe that Dr. Powell was correct in his opinion. The president called attention to a valuable article in a recent number of the American Journal of Medical Sciences, by Dr. Reeves, criticising Tait's book on ectopic pregnancy.

CORRESPONDENCE.

A LETTER FROM ENGLAND.

My previous letter, some time ago, was written from Wales. This comes theoretically from England, though this town is situated only about a mile on the English side of Offa's Dyke, that historical landmark raised by King Offa about seven hundred years ago as a division line between England and Wales. Though it is not the country termination line to-day, it is as truly the division line between the English and Welsh as it was seven hundred years ago; the Welsh language is freely spoken on the Welsh side of Offa's Dyke.

The penalty for crossing the Dyke without a pass was cutting off the hand. The population of this town and neighborhood is about twelve thousand, supporting six or seven medical men in actual practice, few of these keeping assistants, myself being amongst the latter. The duties of the assistants being to assist generally, visit, attend obstetrical cases. Each medical man dispenses medicines for his own patients. I had the misfortune to be in attendance on a case in the country some months ago when triplets were born. The queen always gives a bonus of a guinea for each child when the number is over two at a birth.

No one ever commences a practice of his own hardly but that has acted as assistant for some time to a general practitioner. The diseases one meets with are similar to what we meet with in the States. Gastric and hepatic disturbances, induced by intemperate habits, are rather common. Drunkenness is very prevalent. Three-quarters of the population look upon alcoholic stimulants, particularly beer, as a necessity. They look upon brewers as a blessing, and give them the greatest honor they have in their power. The mayoralty of this borough is held by a representative of that worse than useless tribe. Saloon-keepers are looked upon as benefactors of the human race.

Ever since the great catastrophe at Johnstown, we in this neighborhood have been agitated in our minds whether

such a calamity is possible to overtake us. We are situated not far from the banks of the Vyrnwy river, whose waters, about twenty miles higher up, are dammed up by a stone embankment into an artificial lake, five miles in length by half a mile broad and seventy feet deep, to supply Liverpool with water. Engineers declare, though, that the dam is more solid than the rocks surrounding the lake, and that nothing but an earthquake will ever disturb the same.

Medical legislation is to the fore in all the medical journals I see, and the States seem to strive for the best and fairest regulations to practice. So far as an outsider can judge, Iowa takes the best. I read with pleasure and profit Dr. Jones' article on the subject in one of your last issues. The standard required of medical men should be uniform throughout the United States. There should be the same examination for all—no favoritism shown to anyone. A graduate of a homœopathic college outside Pennsylvania to-day can have his or her diploma endorsed by simply paying five dollars, whilst a regular would have to undergo an examination and pay twenty-five dollars. It should be illegal also for a medical man to call himself by any such name as allopathic or homœopathic physician or any other such name, in order to gull the public.

W. WILLIAMS.

OSWESTRY, ENGLAND, July 24, 1889.

CINCINNATI CORRESPONDENCE.

Dr. W. W. Dawson is congratulated on all hands by his many friends, on his being able to preside, at the recent meeting of the American Medical Association. His health had for some time threatened to prevent him from this honored duty.

Dr. J. T. Whittaker spent the summer at Lake Chautauqua, as has been his custom for some time. By regularly visiting this resort, he has built up a good summer practice there, and makes his summer outing rather profitable.

Dr. N. P. Dandridge, after presiding over the section on surgery at the American Medical Association at Newport, went to Nova Scotia, where he spent the summer.

Dr. P. S. Conner, who delivered the address on Surgery

before the general sessions at Newport, remained in the New England states till fall.

"A Case of Diabetes Insipidus with Favorable Termination," was the subject of a paper read before the Cincinnati Medical Society by Dr. Phillip Zenner, clinical lecturer on diseases of the nervous system, Medical College of Ohio. He reported the case for the encouragement it might give in the management of similar cases and for the therapeutic suggestions it may afford. The case was that of a boy twelve years old. He passed large quantities of urine which had the appearance of distilled water. It contained neither albumen nor sugar and had a specific gravity of less than 1,001. Incontinence of urine compelled him to wear a rubber bag, and in this way the urine was measured and found to be about twenty-seven and one-half pints in twenty-four hours. The treatment consisted of electricity, antipyrin and valerian. Antipyrin was given in seven and one-half grain doses three times a day, and powdered valerian root one-half teaspoonful three times a day. The electrical treatment consisted of the application of the galvanic current to the cervical sympathetic and to the spine, especially over the region of pain. The current used was of moderate intensity, the applications being made daily the first month, subsequently two or three times a week, each of about ten minutes' duration. The improvement in the polyuria and the condition of the bladder was exceedingly slow, while other symptoms were ameliorated more rapidly, the appetite soon returning and the pains entirely subsiding in a month or two. The improvement, though so slow at first as to be scarcely noticeable from week to week, towards the last was very rapid. He did not suffer from thirst and drank very little. The specific gravity of the urine finally became normal, and he could hold his urine all night. As recovery in diabetes insipidus is extremely rare, especially in cases of a year's duration, it is very reasonable to attribute the cure, in part at least, to the therapy. He thinks all three remedies had a hand in the cure.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

EDITORIAL.

PATENTED INSTRUMENTS AND APPLIANCES BY PHYSICIANS.

In a recent number of the *Buffalo Medical Journal* Dr. Fell reports the second case of narcotic poisoning treated by his method of forced respiration.

Subsequent to that, he has had a third and most interesting case, the details of which have been reported in the daily papers. This last operation was one in which publicity could not be avoided, and we were pleased to note the handsome treatment Dr. Fell received from the secular press. With effusive praise and excusable ignorance, however, some of the editors would rank Dr. Fell with Lister, McDowell and Pasteur, and the medical press has been criticised that it has not joined in the glorification of the Doctor.

To the medical man, however, artificial respiration, employed in cases of poisoning, drowning, etc., is no new thing. The opening of the trachea, and compelling res-

piration by means of the bellows, is a familiar operation to most medical students. The application to man, of this forced respiration, in those cases in which the nervous energy of the respiratory center is approaching exhaustion, is, we believe, original with Dr. Fell.

If experience proves that this expedient is really a valuable one, and an addition to the means of saving life which the profession has not hitherto utilized, then we will most heartily congratulate the Doctor on having achieved a place with those who have added something to the common store of medical knowledge. Few, indeed, in the present advanced stage of medical science, are so fortunate as to gain this great distinction.

The actual value of new methods of treatment can never be at once appraised, and the profession is notably conservative in receiving such additions; at first, they are apt to be magnified by the halo of novelty and the enthusiasm of the ignorant; possibly, a real discovery may, for a time, seem to be ignored, but the reward never fails to come to him who is worthy of it.

It is with extreme regret that we learn that Dr. Fell has patented the instruments and appliances used by him in his operations. By this act, he has allied himself with those in the profession of mercenary instincts, who, having happened upon some new means of benefiting humankind, would sell that knowledge to the highest bidder, or would conceal it from others, unless for a pecuniary consideration. In doing this, they violate a law stronger than any printed code, a law which we hold by inheritance, and which has ever been upheld by the faithful physician. It carries with it a sense of common rights, of common knowledge, of joint relationship, of unselfish devotion to the welfare of the profession and humanity, of faithful performance of duty, regardless of pecuniary reward.

The laity may sneer at our ethics and deride our unbusiness-like methods, but this unwritten code stands as a mute guardian to the community. Because of it, our profession recoils from mean ways, loathes trickery, and shrinks from charlatanism in all its forms. A physician may ignore it, he may worship Mammon, he may accumulate riches—he may even become a congressman—but can all this compensate him for the feeling that he is despised of his brethren, “tumbled down from the top of honor to disgrace’s feet?”

We have noticed for some years past a growing leniency on the part of the medical profession toward those mercenary members of it who have patented their instruments and appliances, and we take pleasure in quoting the above editorial from our esteemed Buffalo contemporary; and we hope the medical press may always show the same fearlessness and "speak out in meetin'," even though it cause a rustling of dry bones in high places.

THE LIBRARY OF THE MEDICAL DEPARTMENT OF WESTERN RESERVE UNIVERSITY.

Suitable shelves and cases have recently been constructed in the students' room on the first floor, and the library has been removed to its new quarters and properly arranged. The alumni and others interested are solicited to contribute to the library. Some may have in their own libraries duplicate copies or different editions of the same book, which they would be willing to send to the college. The friends or families of deceased physicians may have the doctor's library remaining in the house, untouched and useless since he who gathered it is gone. The sale of such libraries is never satisfactory in a pecuniary way, sometimes not bringing enough to pay the auctioneer, while it is a matter of hesitation beforehand and regret afterwards, to separate and scatter the collection. The doctor's library was gathered at a considerable relative expense (sometimes met by cheerful self-denial in other quarters); perhaps was the object of a pardonable pride and a source of keenest intellectual delight. Now what should be done with it? No more appropriate disposition can be made of it than to bestow it upon an institution of learning, where its use will work a benefit to the whole profession, while at the same time it perpetuates the memory of the donor. We are authorized by the faculty to assure those who may contribute books, few or many, to the institution, that they will be duly accredited to the donors and properly preserved. When sent by express or freight to the college, the cost of transportation will be paid by the faculty.

AMONG OUR EXCHANGES.

DR. VICTOR C. VAUGHN of Ann Arbor (Med. News, July 20, 1889) regards *typhoid fever* as more probably due to a mixed infection, experiments with the Eberth bacillus having proven negative. From drinking water from Iron Mountain where typhoid fever had been epidemic, he obtained a culture which, injected into dogs, produced the lesion of typhoid fever ; also, from a mixed culture from the feces of typhoid fever patients he obtained a ptomaine, the hydrochloride of which crystallize in red needles, and injected into dogs, whether by the mouth or hypodermatically, produced vomiting, purging and rise of temperature to 103.5° and 104° in about two hours and a half, the temperature remaining elevated for from eighteen to twenty-four hours.

PRUDDEN (The Microscope, July, 1889) asserts that streptococcus, diphtheriae in its form and modes of growth, in its effects, when injected beneath the skin or into the blood of animals, as well as in its behavior toward staining re-agents, shows no appreciable, constant difference from streptococcus pyogenes and streptococcus erysipelatos.

Boric acid is, according to DR. WM. WARREN POTTER of Buffalo, New York (Journal Amer. Medical Association, July 13, 1889), the best antiseptic to use in operations about the genital tract of women. He claims it is the best for *vaginal tamponnement* by virtue of its being odorless, colorless and non-irritant, thus admitting of its frequent, liberal and prolonged employment, and that it is a remedy of value in cases of *sterility* due to acrid secretions that destroy the fecundating power of the spermatozoa.

In eight cases of obstinate paroxysmal *headache* reported by DR. MORRIS J. LEWIS and G. E. DESCHWEINITZ of Philadelphia (Med. News, July 20, 1889), oil of eucalyptus m v four times a day in capsules afforded marked relief. In four of the cases antipyrin had proved ineffectual.

DR. E. J. OVEREND has come to regard caffeine properly administered as near being a specific in *migraine* as is quinine in intermittent fever (Pacific Med. Journal). When the prodromata appear, he anticipates the attack by administering at once from two to five grains in capsule every hour. When patients prefer a solution, he combines sodium salicylate with the citrate of caffeine. He has not found it necessary to increase the dose progressively, as is the case with most alkaloids.

RUNEBERG (Deutsch Med. Wochenschrift, January 3, 1889) reports a case of *fatal mercurial poisoning* from hypodermatic injections of calomel, given for syphilis. The patient was a widow aged thirty-four. The dose used was one grain. Treatment was begun March 12, discontinued March 31, on account of ptyalism, recommenced April 13, rapidly producing intense ptyalism with involvement of the general system, causing death May 6. The heart was fatty, spleen enlarged and yellow, left lung infiltrated, the mucous membrane of the digestive tract greatly infiltrated and covered with hemorrhagic spots, and hard, cheesy masses were found in the right buttock where the injections were given.

In many cases of *insomnia*, DR. ALTDORFER (Pittsburgh Med. Review, July, 1889) finds the hydropathic girdle an efficient hypnotic. A moderately moist binder—preferably linen—wrung out of warm water is placed snugly round the abdomen. This is covered with oiled silk or some other impermeable material and a flannel binder over the whole. This method has the advantage that no unpleasant sequelæ attend its use.

Four cases of the use of *strophanthus* are reported by DR. W. J. VAN EMAN of Leavenworth, Kansas. In a case of *fatty heart* with severe dyspnœa and dropsy, where digitalis had failed, tr. strophanthi gtt viii every four hours, and afterwards gtt xii three times a day, started and kept up free flow of urine and the dropsical effusion subsided. In a second case, also of *fatty heart*, with polyuria and without dropsy, but with great dyspnœa, both digitalis and strophanthus relieved the dyspnœa, but were not long tolerated by the stomach. They were well borne in combination (tr. strophanthi gtt iv infus. digitalis ʒii every four hours), relieving both the dyspnœa and the polyuria. In the third case, where there was œdema of the legs with great dyspnœa due to *mitral insufficiency*, digitalis gave no relief, and strophanthus, while it slowed the pulse, increased the feeling of distress and so was discontinued. The fourth case was a *typhoid fever* patient with a feeble pulse, of 150 to the minute, scanty and irritating urine and subnormal temperature. Strophanthus increased the flow of urine and augmented the force while decreasing the frequency of the pulse, acting in this case much more effectively than digitalis (Kansas Med. Jour., Aug. 1889).

The *death from sulfonal*, reported by DR. R. R. PETITT of Dayton, Ohio (Med. News, Aug. 10, 1889), will serve to disabuse physicians of any notion they may have had of its perfect safety, based upon the circulars issued by the manufacturers. The patient was twenty-eight years of age and suffering from melancholia. She took fifteen grs. of sulfonal and in a little over an hour the dose was repeated. She went to sleep soon afterward and for twenty-four hours she could be roused. She died of failure of respiration forty hours after the dose was taken. DR. A. G. BROWNING of Maysville, Kentucky, after an extensive trial of the drug, writes as his experience with its use (Med. Rec., July 20, 1889): "The action of sulfonal has been with me so erratic as to leave

no base for logical deductions ; much like Hercules with his club striking in the dark, . . . I find it uncertain action in the same individual, in the same or differing doses, with no recognized condition clearly indicating or contra-indicating its use."

Peroxide of hydrogen, in doses of half a teaspoonful, well diluted, every hour, and in case of urgent dyspnoea, oftener, is used by DR. J. L. GREEN of Red Cliff, Colorado, in treating *acute lobar pneumonia*. Out of twenty-three cases thus treated, he has had twenty-two recoveries and only one death, and that a puny infant (Med. Rec., July 20, 1889).

In a letter to the Atlanta Med. and Surg. Journal, DR. M. B. HUTCHINS writes from New York: "In broken-down, offensive, *cancerous growths*, creolin, used in a solution of one per cent., demonstrates its utility as a disinfectant. Surfaces remain clear, odor is destroyed, and the ulceration even seems to be checked."

Jaundice, not due to neoplasms of the liver, is said by DR. WITKOWSKI (Nowiny Lekarskie, May, 1889), to yield promptly to hypodermatic injections of pilocarpine (gr. $\frac{1}{6}$ - $\frac{1}{3}$). The subjective symptoms, especially the intolerable itching, are relieved at once. DR. GOODHART (Am. Jour. Med. Science, May, 1889) has also used pilocarpine successfully in allaying this latter symptom. He tried it in six cases without a failure.

DR. JOHN C. MORGAN of Philadelphia, Pennsylvania, finds that where milk agrees badly, the simple expedient of shaking it thoroughly as lemonade is shaken, will often make it easily digestible.

DR. JOHN D. SHEER of Chicago, Illinois (Med. and Surg. Rep., August 10, 1889), finds the fluid extract of hamamelis in teaspoonful doses, given every fifteen or twenty minutes, with hot clove tea and brandy, an efficient means of controlling the intestinal hemorrhage of *typhoid fever*.

PROFESSOR GERMAIN SEÉ has found in lactose or milk sugar a safe and efficient diuretic in cases of *cardiac dropsy*. He withholds other liquids, such as milk, broth, wine, mineral waters, etc., and prescribes for eight or ten days, gms. 100 (℥iii) of milk sugar dissolved in two pints of water. In case of dyspnœa, iodide of potassium may be advantageously exhibited with the lactose (Times and Register, August 10, 1889).

DR. E. B. LANDIS of Lancaster, Pennsylvania (University Med. Mag., Aug. 1889), reports a case of poisoning from a dose (fd ℥ss) of Tanret's pelletierine. Dilatation of the pupils came on in ten minutes, followed by loss of vision, severe headache and violent retching and vomiting, accompanied by extreme prostration, with rapid and feeble pulse, rapid and shallow respiration, cold sweat limited to the head and face, and drowsiness, lasting for five hours, urine became dark colored and its odor very offensive. The disturbed vision, dizziness and nausea did not entirely disappear for thirty-six hours and the diarrhœa persisted for several days.

As a means of *reducing temperature*, DR. ERNEST C. HELM of Beloit, Wisconsin (Med. and Surg. Reporter, Aug. 3, 1889), suggests allowing a stream of cool water to flow over the inner surface of one or both wrists. A fountain syringe or a syphon can be used to keep up a continuous flow. Careful watch of pulse and temperature should be kept, and as soon as the latter begins to subside, the water should be withdrawn.

A case of fatal poisoning by *chromic acid* used as a cauterant is reported by DR. WM. J. WHITE of Philadelphia, Pennsylvania. Fd ℥ss of a solution of chromic acid, 100 grs. to the ounce, was applied to a mass of papillary growths covering the labia majora and nymphæ and extending toward the pubes and the anus. Thirst supervened, then nausea, cold extremities and pain in the left hypochondrium and fear of approaching death.

The patient died twenty-seven hours after the application. The chromic acid had probably combined with the sodium carbonate of the blood to form sodium chromate, which is poisonous in doses of from one to three grains.

There were numerous fine ecchymoses found in the stomach, the result of vomiting. There was nutmeg liver and passive congestion of the kidneys, while the mucous membrane of the vagina was dark red in color and covered with a yellowish discharge, though there was no evidence of direct contact with the acid. The text-books fail to give any warning against the danger of using chromic acid (*Jour. Cut. and Genito-Urinary Diseases*, Aug., 1889).

Cod-liver oil, shaken with an equal part of lime-water, forms an inodorous syrupy emulsion, which is not disagreeable to the taste, nor does it leave a nauseous after-taste. DR. LAFAKI (*Lyon Medicale*) was the first to adopt this method.

Those who have found ergotin unreliable and patients complaining of the disagreeable eructations which it causes will find it efficient, and free from the above objection when used in the following combination :

R. Ergotin (Squibb's) grs. iii ;

Lacch. lactis grs. xxx—— m.

Ft. pil. No. xxx.

These pills, notwithstanding the small amount of ergotin they contain, given one every hour, have proved, in our hands, more efficient in controlling uterine hemorrhage than a three-grain pill of pure ergotin given every two hours, and they are much more pleasant to take than the fluid extract of ergot, to which many patients have an unconquerable dislike. *

NEW BOOKS.

'A MANUAL OF DISEASES OF THE EAR, FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE.' By Albert H. Buck, M.D. William Wood & Co., New York, 1889.

Everyone familiar with the excellent work entitled, "Diagnosis and Treatment of Ear Diseases," which was published in 1880 by this author, will be pleased to hear that a second edition, revised, altered and new matter added, has just appeared. We have always looked upon the first edition of this work as almost an ideal treatise on diseases of the ear for the general practitioner. No more anatomy and physiology was introduced than was necessary for a clear understanding of the principles involved. The descriptions of actual cases observed in practice were perfect. While the author had opinions of his own as to diagnosis and treatment, and expressed them fearlessly, it was done in such a manner as not to lead the practitioner to make grievous mistakes owing to the lack of knowledge or skill. His treatment was generally conservative. The present edition retains all the admirable features of the previous one, and has in addition, considerable matter on the anatomy, physiology and methods of making examinations, etc., intended more especially for the student, which probably will not add to the value of the book to the practitioner.

There are a few methods of treatment advised which may not be the best; for instance, for the removal of impacted cerumen, he recommends the use of curettes and the angular forceps, a dangerous procedure in the hands of an unskillful operator. The author is not a believer in the "dry treatment" of purulent inflammation of the middle ear. His experience in the use of absolute alcohol in the removal of aural polypi does not seem to have been very extensive. In the treatment of post-nasal affections, the use of fluid vaseline, which has

proved so valuable in the hands of many aural surgeons, is not mentioned. But every practitioner of medicine has his own peculiar hobbies and prejudices, and any work which is not a mere compilation of the works of others, must reflect the peculiarities of the author, and in making up a proper estimate of any line of treatment, the bias of the writer must be taken into consideration.

'SPRAINS: THEIR CONSEQUENCES AND TREATMENT.' By C. W. Mansell Moullin, M.A., M.D., Oxon., F.R.C.S., England, assistant surgeon and senior demonstrator of anatomy at the London Hospital; formerly Radcliffe traveling fellow, and fellow of Pembroke College, Oxford. Reprinted from the English edition.

Sprains, and the consequences which may be regarded as directly and immediately dependent on them, form a subject of great interest, for it has been said, and not untruly, that in all probability half the crippled limbs and stiffened joints that are met with every day, date their starting-point from the occurrence of some apparently trifling accident of this description. Few injuries are treated with so little consideration as sprains. It is impossible to overlook wounds, owing to the bleeding and pain that accompany them. Fractures, it is understood, require rest and care; but sprains, in which the tissues are torn to such a degree that the damage is far more serious than in many fractures, merely because they are so common, are considered of little or no consequence; a fracture being regarded as serious, a sprained joint as quite a trivial matter.

It is true that a large number of sprained joints get well of themselves, or under ordinary domestic treatment; a few, it must be admitted, in spite of it; but even in the young and healthy, it is not unusual to find the action of the joint seriously impaired. Or without the joint itself being injured, the muscles and tendons may be strained, and give rise to stiffness or weakness that lasts for years.

This is not a subject calculated to interest the specialist in orthopedics alone, but is one that comes home to the physician in his every-day practice.

About two hundred pages of the May issue of Wood's Medical and Surgical Monographs are devoted to Dr. Moullin's masterly treatise, and if his efforts serve to awaken an appreciation of the gravity of these injuries, and convey the necessary information to insure suitable treatment for them, he will indeed accomplish a good work. It would seem that his book should fulfill this mission, for it considers the subject in all its aspects, and he has apparently omitted nothing necessary to make the work an indispensable adjunct to the working library of every physician.

NOTES AND COMMENTS.

Another medical journal has been absorbed by the *Times and Register*. This time it is the Polyclinic of Philadelphia. Doubtless this will be the end of the series of medical journals started to boom the several post-graduate medical colleges. If these gentlemen would learn the lesson of history, they would be spared the expense of starting and maintaining these journals and the mortification of dropping them after a time. They could far better "boom" their work, in so far as it is worthy of the attention of medical men, by publishing it in journals well established and commanding a wide circle of readers. For the benefit of all parties, we wish the *Times and Register* would continue the absorbing process. The Polyclinic was an excellent journal, one that we personally valued highly, and shall greatly miss. In fact, it was too good to prosper financially.—*American Lancet*.

Tried the Elixir.—At 10 o'clock this morning, Dr. Slominski experimented with the famous Brown-Sequard elixir of life in his rooms, 507 South Thirteenth street. Both subjects were middle-aged men who had suffered strokes of paralysis. The first man was J. E. Bruner and the second was Tim Kelley. The *modus operandi* consists of piercing a hole in the arm and then expelling the air, after which the elixir is injected. Mr. Bruner stood the operations wonderfully well, but Mr. Kelley did not.

Kelley turned almost deathly sick and gonorrhea immediately set in, but was checked by the physician.—*Omaha Dispatch*, Aug. 22, 1889.

Dr. H. N. Kinnear of Ashtabula Harbor has recently been appointed medical missionary by the American Board of Commissioners for Foreign Missions and designated to the management of the hospital of the board of Foochow, China.

The Cuyahoga County Medical Society have recently issued a new copy of their articles of incorporation, constitution and by-laws, with a list of members, which is a model of its kind.

Northeastern Ohio Medical Association met in Akron, Tuesday, August 13. *Dr. Waggoner* of Ravenna read a paper on criminal abortion and its relation to the medical profession. *Dr. Slin* read a report of several cases of typhomalarial fever. *Dr. T. P. Russell* reported a case of hydræmic with thrombus. *Dr. Allen* presented a pathological specimen of aneurism of the aorta. *Dr. Foltz* reported a case of spinal disease.

In the army, according to Dr. John I. Brinkerhoff, they used to cure snoring by tying a band or handkerchief over the mouth, if the subject could breathe easily through the nose.—*Med. Rec.*, July 6, 1889.

A case is given by Dr. T. A. Atchison (Tenn. State Bd. Health Bulletin, July, 1889) where six children took scarlatina from the clothing of two children who had died thirty-four years before of that disease. The clothing had been kept in a trunk during those years.

Dr. R. Harvey Reed reports a case of erysipelas as the result of the use of the Brown-Sequard elixir, occurring in the practice of a physician in Mansfield.

Tri-State Medical Association.—A call has been issued calling a meeting of the physicians of Alabama, Georgia and Tennessee to meet in Chattanooga the third Tuesday in October for the purpose of organizing a Tri-State Medical Association.

The widow of the late Herbert C. Foote, Ph.D., has presented his entire collection of the *Materia Medica* to the Medical Department of Western Reserve University.

The Medical Department of Western Reserve University will open the winter session of 1889-90. The usual simple opening ceremonies will be observed. The address this year will be delivered by Professor Darby. Judging by the number of students who have registered up to the time of our going to press, the class will be larger than that of last year. We note an unusual number of A.M.'s and B.A.'s upon the rolls and that a number of more distant states and territories are represented.

The American Public Health Association will hold its next annual meeting at Brooklyn, New York, October 22, 23, 24, 25, 1889. The association comprises over eight hundred members and has met annually during the last sixteen years, and has, in every instance, had the effect of greatly stimulating the promotion of public health and its maintenance. In addition to the usual programme this year there will be an exhibition, in a separated building, of everything available adapted to the promotion of health.

The Transactions of the Ohio State Medical Society are ready to be placed in the hands of the treasurer, who will distribute them to members as soon as dues are paid.

We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, September 9, 1887, the Tenth International Medical Congress will be held in Berlin. The congress will be opened on the fourth and closed on the ninth day of August, 1890. Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German medical faculties and medical societies at Heidelberg on the seventeenth of September in the current year. Meanwhile, we should feel sincerely obliged, if you would kindly make this communication known among your medical circles and add in the same time our cordial invitation to the congress.

VON BERGMANN,
VIRCHOW,
WALDEYER.

—THE—

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ORIGINAL ARTICLES.

OPENING ADDRESS MEDICAL DEPARTMENT
WESTERN RESERVE UNIVERSITY, SEPTEMBER 18, 1889.

BY J. E. DARBY, M.D., CLEVELAND, O.

GENTLEMEN :

Thirty-one years ago I came here, as many of you come to-day, a stranger, to study medicine. This statement suggests to my mind many reminiscences, some of which may not be out of place by way of comparison.

Thirty years of growth, of development, of progress, have wrought wonderful changes in our country, in our profession.

Thirty years have nearly completed the life-work of a generation of men. The great majority of those who were actors in the great drama of life thirty years ago have passed off the stage, their places are filled by others, and the play goes on.

This is not the time or place to speak of the wonderful changes through which the country has passed—the long and bloody war, the breaking of the shackles of 3,000,000 bondmen, and the reabsorption of two great armies into

the peaceful walks of life. But we may refer to a few of the changes more closely at hand.

Cleveland then boasted of a population of 40,000; to-day it contains over 260,000. Then Erie street was the eastern limit of the city, and farms of field and forest lay spread out beyond us, and the old medical college stood on the outskirts of the city. But the growth and progress of our country and city is not less wonderful than the growth and progress of the medical profession. All the departments of medical science have received large accessions of light. Histology, physiology, pathology, therapeutics, surgery, the etiology and treatment of disease, have all made rapid advances. The whole subject of bacteriology and antiseptic medicine and surgery has been developed and brought to light during this time. The old medical college, which seemed to be well adapted to its uses then, has long since outlived its usefulness, and has been replaced by the present one, so perfectly adapted to modern medical teaching. Then the requirements for admission to the college consisted of certificates of good moral character and a fair English education. But little attention, however, was paid to the latter requirement. Now the requirements are much more rigid, and a more careful and thorough preliminary training required.

The course of instruction then consisted of six lectures a day—one from each of the regularly recognized departments of medical education, viz.: anatomy and physiology, chemistry, materia medica and therapeutics, principles and practice of medicine, surgery and obstetrics. The lectures were supplemented by dissections, and a medical and surgical clinic once a week. The lectures were made as plain and practical as possible and seemed to cover the whole field of medicine. But now we find these departments variously divided and an additional number of teachers required, especially prepared for their respective positions, and laboratory work and advantages for clinical study added, until the opportunities for obtaining a thor-

ough medical education are infinitely superior to-day to those of former days.

The respective departments were then presided over by noble men whose hearts were thoroughly in the work they had to do, and who were eminently qualified for their high and responsible duties. And they must have done their work well, otherwise they would scarcely have been able, from the material they had and the time and advantages given them, to turn out men who have worthily held and are now occupying honorable positions in the profession.

But most of those men have rounded out the full measure of their days and have gone to their reward, bearing the blessings and benedictions of those who knew them and have been benefited by them, and their names are tenderly cherished. We mention the names of Delamater and Cassels and Kirtland with a feeling of reverence. I congratulate you that a kind providence has spared two of that number, in the fair vigor of life and the fullest measure of experience, to whose advice and instruction it will be your privilege to listen during the coming term.

We meet to-day as strangers, but I trust ere long we will all be friends. It is perfectly natural that pupils, assembled together for a common object, in pursuit of a common aim, sharing their pleasures and toils together, should become bound together by strong ties; and consequently we find the friendships and associations of school and student days remain fresh and green far along in the journey of life.

And the relation of teacher and pupil is a very sacred one, second only to that of parent and child. To aid others in the acquisition of knowledge, to guide them in their search after truth and light, to prepare them for the proper and faithful discharge of the duties of life, is certainly a sacred and responsible office. As water flows from the fountain, bearing joy and gladness and fertility to the fields through which it passes until it is lost in the great ocean, so precepts and principles, true or false, flow from the public teacher, bearing joy and gladness if

good, sorrow and misery if bad, as they flow down the stream of time and become a part of the boundless future.

The opinions which you form here will be the opinions which will guide you in no small degree through life, and their influence will be felt in shaping your course, in your success or failure; and as you assume the grave and responsible duties of your profession, and the health and happiness of others are committed to your care, and you sit in counsel upon human life, a faulty precept learned here may be the indirect cause of sorrow and suffering to many who have never heard our name.

It is of the most vital importance, then, that we thoroughly understand each other. On the one hand, that we as teachers teach the truth in all plainness, that we give you facts that are established by observation and experiment, and principles that have been tried in the crucible of experience; and on the other, that you get clear and correct ideas of what is taught. To do this will require your most patient and careful attention to all the duties of the course. I will ask you, then, to be *earnest, prompt and attentive*, and we will find that our duties and labors will be mutually pleasant and profitable, and the ties that bind us together will grow stronger and stronger as the days and weeks go by, until finally, when in the fulness of time you shall receive the honors of the college, we shall be glad to recognize each other as brothers, and this, our *Alma Mater*.

You have chosen a noble profession and one which, if you are properly qualified to intelligently meet its duties and responsibilities, and you follow it diligently and faithfully, will doubtless yield you a competency through life, and a reasonable share of its honors and emoluments.

But, gentlemen, success in life depends not alone upon the amount of effort which the individual puts into his work, but also on the natural adaptation or fitness of the individual for the particular position. We can see the truth of this statement illustrated all around us. Men engage in business and devote their time and energies to

it and fail. Law, medicine and theology, as well as the other walks of life, are full of failures. The stream of human life is thickly covered with the wrecks of stranded barks that started on the voyage freighted with fond hopes and bright anticipations.

Surely in the composite structure of society, and the almost endless variety of the pursuits of life, it would seem that there ought to be a place where everyone could do his life-work and receive his reward according to his labor. Doubtless this would be so if men were more careful in the selection of their callings.

To choose a vocation, to select a part of the journey of life from the great variety that is presented to American youth (I say American, for, thank God, in our enlightened Republic, where all are created free and equal, there is no caste or order, noble or serf, no royal blood, except as it flows through honest hearts, for here "an honest man is the noblest work of God;" there is no royal road to success except as each one makes it royal for himself; and whether he be a rail-splitter or a canal-boy, the son of poverty or wealth, the highest position, the highest honor in the gift of this great nation may be his, if he has the ability to reach them); to choose a path that shall be pleasant and not too full of the thorns and briars of disappointment, one that shall call forth his best energies to travel, and yet that will ultimately lead him to success, is one of the most serious matters of life.

There may be "a tide in the affairs of men which, if taken at the flood, will bear them on to fortune;" but, alas! how many meet the duties of life at the ebb. They may struggle hard to succeed, but the current is against them, and gradually they are borne out into the deep waters and go down. The old adage says the poet must be born, not made. "Poeta nascitur, non fit." You have all heard it, and I believe it.

And I believe it is true of all the important occupations of life. Would you expect to make a musician out of

one who had no taste for music, no love for harmony? Persistent effort might master the mechanical part, but the soul of the symphony would be wanting. And would you make a painter of one who had no natural God-given talent for it, who had no love for the beautiful in form and color, who could see no beauties in the gorgeous tintings of a sunset?

The painter sees his picture on the naked canvas, and with his brush and colors simply renders it visible to others. The sculptor sees the image in the marble, and with his mallet and chisel simply chips away the superfluous stone, and brings the statue forth in all its life-like beauty; and so we might speak of other vocations.

Such musicians and painters might, by earnest effort, learn to copy the works of others in a creditable manner possibly; but to originate or create anything new would be entirely beyond their power.

The world is full of copyists, of imitators. They form the rank and file of the world's great army. In order to rise to eminence or distinction in any of the higher vocations of life, the individual must devote the best energies of mind and body to that vocation; and this can only be done effectually when there is a certain fitness for, and pleasure in, the duties of that occupation. When there is any feeling of repugnance to or even a want of sympathy between the individual and his calling, the noblest labor becomes drudgery, and he goes to his duties like a slave to his toil. But when the individual and his calling are in sweet accord, when he finds the highest pleasure in the performance of his duty, then the severest toil is pleasure, and success is sure.

And now, gentlemen, hoping and trusting that you have made a wise and judicious choice in your selection of a profession, that nature has kindly endowed you with qualities of head and heart which will eminently fit you for your profession, and that you have received a careful and liberal training, so that you can grasp and master its truths and principles, and ultimately solve the intricate

problems which will confront you, let me, in closing, invite your attention to some of the peculiarities of the profession.

It is a hard and laborious profession. If any of you are entering it expecting an easy, careless life, you have made a serious mistake. Its duties often tax the endurance of body and mind, and its burdens of care and responsibility are heavy. We have spoken of the necessity of a thorough preparation for its duties, but this is not all. It requires constant study to keep up with it. The profession, like John Brown's soul, is marching along, and he who ceases to study will soon find himself dropping behind his fellows.

It is an exacting profession. Its duties admit of no delay. It deals with matters of life and death; and in summer's heat or winter's cold, in sunshine or storm, at noon-time or night-time, the physician must be ever ready to answer the summons of pain and suffering, as death may be the result of delay.

It has been called a poorly paid profession. From a pecuniary stand-point it certainly is. I believe there is no calling in life where, for the amount of preparation and talent required, for the care, anxiety and responsibility which its duties incur, there is so small a pecuniary equivalent for services rendered as in this. In addition to his ordinary duties, the physician is constantly looking after the health and comfort of those about him, and advising for their good, not only *curing* but laboring assiduously to *prevent* disease. Yes, laboring assiduously to prevent that by which he earns his bread. Surely, in no other calling in life do we see such utter disregard for self-interest, such a voluntary self-sacrifice as here.

But this is a part of his duty, a part of his mission to humanity. It is his duty to investigate the laws of health and disease, how best to preserve the one, and how to prevent, remove or mitigate the other.

The profession has for its object the common good of mankind, and to it is entrusted in more than ordinary

measure the opportunity of relieving and benefiting suffering humanity. It is this grand feature of the profession that particularly enobles it above others.

The faithful, conscientious physician labors not alone for gold. More precious by far to him is the satisfaction of doing good to his fellows and to the world; the joy and gratitude of hearts and homes made happy by his labors, or the burdens of sorrow and affliction made lighter by his kind and tender sympathies.

Truly, it is a noble profession and worthy the devotion of a life-time. And surely, gentlemen, you will not dare, without adequate and careful preparation, to embark in a calling such as this, so capable of good if rightly used, so full of peril to yourselves and others if administered ignorantly or unfaithfully.

ASTHMA IN ITS RELATION TO AFFECTIONS OF THE NOSE.*

BY DR. JULIUS WOLFENSTEIN, CLEVELAND, OHIO.

The subject of reflex nasal neuroses, of which asthma is one of the most important, has not received the attention and consideration which is due this class of affections, and which their importance demands. In spite of all that has been written on the subject, the general practitioners have, as a rule, been indifferent to the importance of making a rhinoscopic examination in every case of asthma; and not only that they have given expression to this indifference by a non-practice of such an examination, some of them have even seen fit to pour out their vessels of wrath and belittlement upon the heads of the specialists, in terms of such enthusiasm and warmth which would be deserving of a better cause. But I do not wish to enter into any harangue of a polemical nature, and I only desire to have my words interpreted

*Read before the Cuyahoga County Medical Society, September, 1889.

with the idea that specialty in medicine is not only perfectly legitimate and honorable, but even demanded by the great field which the practice of medicine covers at present.

The first one who called attention to the relation of bronchial asthma and affections of the nose was Voltolini. In 1871 he described several cases of asthma which were associated with nasal polypi, and upon the removal of which the attacks of asthma subsided. A case proving with almost mathematical certainty that the relation between nasal polypi and bronchial asthma established by Voltolini was correct, was reported by Haenisch in 1874, where several recurrences of asthmatic attacks were associated with recurrence of the nasal polypi, and where thorough and complete extirpation of the polypi was followed by a lasting and complete cessation of the attacks of asthma. In the same year, Fraenkel reported additional cases, and these were rapidly followed by similar articles of Hartmann, Schaeffer, Fraenkel, Gottstein, Bresgen, Herzog, and especially Hack, who has done so much for the subject of nasal reflex neuroses with his writings, and especially with his work entitled, "Ueber eine operative Radical-behandlung bestimmter Formen von Migräne, Asthma, Heufieber, sowie zahlreicher verwandter Encheinungen."

And although Hack was rather too enthusiastic and persevering by including too many conditions under this category of nasal reflex neuroses, still, the credit of calling the attention of the profession to this class of cases belongs to him. To-day the subject of reflex nasal neuroses is as firmly established in the minds of all impartial and logically-thinking physicians as are the reflex neuroses which have their origin in both the male and female sexual organs. And since the introduction of cocaine, the certainty of our diagnosis of these cases has been raised to a positive fact.

Let us now take a closer view of the subject, and ask ourselves: With what conditions of the nose do we find

attacks of asthma associated? They are various; but their pathology is practically the same. They are generally—we can say almost always—the result of a chronic hypertrophic rhinitis. Voltolini first showed that the asthmatic attacks were associated with polypi; Hack later demonstrated the fact that such attacks also supervened to hypertrophy of the mucous membrane covering the anterior extremity of the lower turbinated bones, and now it is recognized that attacks of asthma may occur in hypertrophy of any portion of the nasal mucosa. Summing up all this matter, we see that we have to deal with the results of a chronic hypertrophic or plastic form of inflammation localized in the mucous membrane of the nose, and naturally we will find the results of such an inflammation in our examination; either evenly distributed hypertrophy of the entire nasal mucous membrane, or this hypertrophy localized either on the anterior or posterior extremities of the turbinated bones, or, as it occasionally happens, at any point between the two extremities of the turbinated bones, or even on the septum narium, and finally polypi, mainly of the mucous variety, which are now generally looked upon as the direct result of chronic inflammatory action with mucoid degeneration.

The question will now naturally arise: Why is this class of cases comparatively infrequent in the widespread presence of chronic nasal catarrh? This is a point to which Voltolini has already called attention when giving expression to his observation that not every case of nasal polypus is accompanied by attacks of asthma, and in the present state of our knowledge we can now add, nor is every case of hypertrophic rhinitis complicated with such attacks. It seems that another element is necessary to produce this reflex neurosis, and this is evidently an increased excitability and irritability both of the nervous system and of the nasal mucous membrane. I will not enter upon any extended analysis at this time to substantiate the correctness of this view regarding the in-

creased excitability of the nervous system and of the nasal mucosa as accompanying factors in the etiology and pathology of this affection, for, although the facts stated are capable of proof, it would require too much time, and would lead into arguments and discussions somewhat foreign to the subject under consideration.

How shall we recognize a case of asthma, presumably associated with affections of the nose?

Allow me first to impress you with the importance of the idea of making a rhinoscopic examination in each and every case of asthma; for it is needless to remark that since asthma has many causes, by being able to exclude one the finding of the true cause is so much facilitated. Besides, a rhinoscopic examination is so easy of performance and of such short duration, that the busiest practitioner can avail himself of such an examination with little or no loss of time. The history of the case is of course essential. If we find the attacks of asthma have been slow in developing, that every attack has been, and is, accompanied by nasal symptoms, *e. g.*, increased secretion or obstruction of the nose, sneezing, etc., or that every attack of a "cold in the head," formerly precipitated only a slight degree of dyspnoea and at present regular asthmatic attacks, we can, with some degree of certainty, expect to find pathological conditions in the interior of the nose. Then, in subjecting the case to a rhinoscopic examination, we are guided by what is revealed to us by the aspect of the mucous membrane, and if we find any hypertrophy of the membrane, our therapeutics should naturally be the removal of this hypertrophy.

There is a method for the diagnosis of asthma of nasal origin which, if found substantiated in any case of asthma, proves almost positively that it is one of reflex nature. This method is very simple indeed, and consists in painting the interior of the nose thoroughly with a 10-20 per cent. cocaine solution, during an asthmatic attack. If we find the symptoms are either entirely

relieved, or at least ameliorated, within ten minutes after an application, we can assert with positiveness that this attack of asthma is of reflex nature, of nasal origin. Another point would lead us to suppose this, and that is, if the attacks occur in children or young adults, provided, of course, that the individuals are not afflicted with a chronic cardiac trouble. It is scarcely necessary to remark that a thorough and exact examination of the thoracic viscera should be made in every case, and if we find these in normal condition, this fact would point strongly to a nasal origin of the asthmatic attacks in all cases, and especially in children.

The prognosis of these cases can be summed up very briefly. If the attacks are of nasal origin and not of too long duration, the prognosis is good. But we must be persevering in our treatment, for recurrence of the asthma may come at any time. That asthma, associated with valvular lesions of the heart, or chronic bronchitis with bronchiectases, is to be excluded from this category, is self-evident.

The treatment of this affection naturally aims at the removal of the cause, and during an attack, to render this as brief as possible. For the latter purpose, penciling the mucous membrane with a 10–20 per cent. solution of cocaine, as before mentioned, will often interrupt, or at least modify, the asthmatic attack in a very short time. If this measure fails, the well-known remedial remedies are to be adopted, which I will not stop to detail. As regards the removal of the cause, i. e., the hypertrophic condition of the nasal mucous membrane, we should, with a careful rhinoscopic examination, seek to locate the various hypertrophied portions of the mucous membrane, and then proceed to remove these hypertrophies or polypi, if any be present. The latter are best removed with the cold snare, after thorough anæsthesia of the mucous membrane with a 20 per cent. solution of cocaine. It is best to use so strong a solution, for the anæsthesia is more complete, and generally it is necessary to paint

the nose only once with a solution of this strength; thus the operator saves time and the patient is spared unnecessary pain and discomfort; for a thorough application of the cocaine solution requires quite an amount of friction of the mucous membrane, and it is needless to remind you how very sensitive this membrane is. After complete removal of the polypi, their bases or points of attachment are thoroughly cauterized, to prevent a recurrence of their growth.

To reduce hypertrophies of the mucous membrane, there is one agent which has no equal. For cauterization of the nasal mucosa we can now safely lay aside the various chemicals, as nitrate of silver, chloride of zinc, acetic, nitric and chromic acids, etc., and confine ourselves to the galvano-cautery. To anyone once using this agent, it will never occur to again employ the comparatively inefficient and disagreeable chemicals. Nitrate of silver cauterizes superficially only, and stains; chromic acid even corrodes, and besides has the disagreeable quality of deliquescence, so that its action cannot be definitely localized, and hence must be neutralized to prevent disagreeable after-effects, as spreading over and cauterizing a surface which requires no operative interference, or passing down into the stomach and producing nausea and vomiting. The same can be said of the other chemicals. With the galvano-cautery the operator can localize perfectly; there is no spreading over the neighboring tissues; the pain is less and the subsequent reaction generally nil. Therefore the hypertrophied mucous membrane should first be thoroughly penciled with a 20 per cent. solution of cocaine, and after testing with a probe whether the membrane is anæsthetic, the galvano-caustic knife should burn several deep furrows into the hypertrophied mucosa, from one end of the turbinated bone to the other, beginning posteriorly. This is to be done only in evenly distributed hypertrophy of the mucosa. Where the hypertrophy is situated as before described, these localized hypertrophies are either cauterized with

the galvano-caustic blade in their entire extent, or if more circumscribed, they are best removed with the galvano-caustic snare, a little more difficult, but exceedingly thorough method of removal of these hypertrophies. The cauterization is to be continued in two-weekly pauses, until the nose is restored to its normal condition, but only one side of the nose should be cauterized on the same day. After the cauterization, the reaction is generally very slight, and no after-treatment is necessary. No disinfectant is to be applied to the cauterized mucosa, for this only irritates the eschar; nor is any disinfectant necessary, for the eschar forms a thick, white, formidable mantle, which will exclude any infecting agent, and at the same time it is the best possible protection for the underlying wound. It is only necessary for the patient to avoid exposure to cold air and to abstain from the use of alcohol for two or three days subsequent to the cauterization. After eight to ten days the eschar comes away, and several days after this the membrane can again be cauterized.

As regards the treatment after the nose has been restored to its normal condition, the patient should be hardened to climatic influences by being required to take cold sponge baths of the entire body every morning, summer and winter, to take exercise in the open air, not to wear too many garments in winter, and finally to reduce the irritability of the nasal mucosa by regularly washing out his nose with about half a pint of a one per cent. luke-warm salt-water solution twice daily, using the precaution of remaining indoors for at least half an hour after this procedure. This washing of the nose may best be accomplished by directing the patient to pour a small quantity of the solution into his hand and to gently snuff it up into his nose, spitting out the fluid which flows into his mouth through the posterior nares. Some constitutional tonic, to antagonize the increased irritability of the nervous system, should be given the patient during the treatment and for several months subsequent to the cessation of the asthmatic attacks.

A CASE OF FISTULA IN ANO FOLLOWING RECTO-VAGINAL ABSCESS, CURED BY IMMEDIATE OPERATION.

BY J. S. BUTLER, M.D., SUPERIOR, NEBRASKA.

August 23, I was called to see a young woman, who, through a sense of delicacy, had suffered with severe pain for some days in and about the perinæum. Upon examination I found an abscess in the recto-vaginal wall, and, as I thought, about to rupture into the rectum. With the patient in the left-lateral position, and my left index finger in the rectum, I made an incision through the perinæum, and evacuated the pus, washed out the cavity with bichloride solution and inserted a loop of cat-gut for drainage. Her bowels were constipated, for which a good dose of calomel was ordered, and an enema of tepid water to be used when the desire to go to stool should present itself.

At the next morning's visit, in washing out the abscess cavity, all the fluid injected did not return, and soon the patient remarked she "had a desire to go to stool," to which she responded, and passed only a small quantity of fluid, her bowels having moved freely several hours before. I was soon convinced of an opening into the rectum when a probe easily found its way there, entering two inches above the sphincter. This condition did not seem very favorable to a speedy and perfect reparation if left to itself, on account of the entrance of gases and fecal matter.

A few months ago I had read of Senn's bone plates, and it occurred to me that by the use of a similar plate, one which would cover over and prevent the entrance of extraneous matters, and at the same time, by the use of sutures, fasten it there and approximate the walls of the upper part of the fistulous tract, would give nature a fair chance to perfect a cure in this newly developed case. Having a plate of bone one-sixteenth of an inch in thickness, it did not take long to make one of the desired form

and size. When finished it was seven-eighths of an inch long by five-eighths of an inch wide, and perforated in six places—three upon each side—to receive the sutures. The margins and corners were smoothly rounded, so as not to cut into the mucous membrane.

The patient was anæsthetized and placed in Sim's position. The abscess cavity was washed out, and the upper part of the tract scraped with a small curette and rewashed. Then the sphincter dilated and the rectal fistulous opening brought to view by a Sim's vaginal speculum. A probe was passed through the tract and made to enter the rectum, and left in place until the sutures were passed. Three curved needles, threaded with silk, were used, the sutures being sixteen inches long. The first one was passed into the tissues just above the opening into the gut, and made to embrace the muscular coats, taking a transverse course and emerging half an inch from where it entered. The ends were lightly tied and dropped, hanging from the gut. The others took the same direction, but were entered below the opening and passed through the tissue around the fistulous tract. The sutures were easily passed through the perforations in the bone plate, and it was placed in position and the sutures tied over it. The probe was of use in taking the last two stitches, and then was withdrawn. Antiseptic precautions were taken, the bowels kept open by the use of the compound liquorice powder. The abscess cavity was drained, and washed out daily with a bichloride solution. The sixth day the probe would not enter the cavity through the perinæum quite an inch, and it was deemed advisable to remove the plate, which was done. The laxative was not administered any longer, and upon the ninth day I found the perineal wound closed. The seventeenth of this month I examined the patient, and found a little thickening in the recto-vaginal wall and a small cicatrix upon the perinæum, the only signs of her recent abscess.

THE PHYSIOLOGICAL ACTION OF HEART-STIMULANTS.*

BY J. J. ERWIN, M.D., YOUNGSTOWN, OHIO.

For the purpose of presenting (without laying any claim whatever to originality as to special actions noted) the most popular heart-stimulants, in a form by which it may be possible to judge quickly in a case of emergency which one might be best used when delay would be dangerous, I have collected and compiled evidence which to me has seemed plausible, and herewith submit the same in tabulated form for your consideration :

	Increases Arterial Pressure.	Retards Pulsation.	Accelerates Pulsation.	Cerebral Disturbant.	Gastric Irritant.	Nauseant.	Laxative.	Diuretic.	Spasmodic.	Anti-Spasmodic.	Nauseant.	Salivant.	Pyretic.	Dose.
Digitalis.....	"	"	"	"	"	"	"	"	"	"	"	"	gr. j. of powdered drug.
Strophanthus..	†	"	1 to 3 g. tt. Fl.Ext.
Grindelia.....	"	"	"	"	10 to 60 g. tt. Fl. Ext.
Convallaria....	"	"	"	"	"	"	7 to 15 gr. of Ext. per day.
Belladonna....	"	"	"	"	"	"	1 to 3 g. tt. Fl.Ext.
Caffeine.....	"	"	"	"	1 to 5 gr.
Chloride of Barium.....	"	30 to 75 g. tt. of 1 per cent. solu.
Veratrine....	"	"	"	"	1-12 to ½ gr.
Nitro-glycerine.	"	"	"	"	¼ to 4 g. tt. of 1 per cent. solu.
Nitrite of Amyl.	"	"	"	3 to 10 g. tt. pro re nata.

*Read before the Mahoning County Medical Association, Youngstown, Ohio, August 12, 1889.

†Uncertain.

While the above is substantially correct and applicable in most cases, a further search into the actions of these remedies will more aptly prepare the therapist for this more rational application, *e. g.*,

Digitalis owes its therapeutic properties to a disputed number of alkaloids which, when all of them are present in the dose, will insure a complete action of the drug. But, to obtain this effect from any of the pharmaceutical preparations, an alcoholic preparation must be used, for diuresis, sometimes a desired effect, is a result of the combined action of two of its alkaloids—digitoxine and digitaline, which causes a dilatation of the vessels of the kidneys, and digitoxine is not soluble in water.

The rise in arterial pressure, an effect from digitalis, is due, first, from increased cardiac action, the result of stimulation of the peripheral ends of the inhibitory nerves, as well as a like effect upon the cardiac muscle. And, second, a vaso-motor spasm, which contracts all the vessels of the body except those of the kidneys, the only known instance where a drug will increase the force of the heart and contract the vessels of the periphery at the same time. As a result of the first stimulation, is caused a prolongation of the heart's diastole. A like stimulation of the muscle increases the power of the systole, the latter increasing over the former in proportion as the dose is increased.

An admonition for caution in its administration is found in the fact that its power is cumulative, its effect sometimes lasting for days. Its toxic symptoms are brow-tightness, stupor, extreme prostration of strength, hic-cough, convulsions and syncope.

An advantage is sometimes gained in using strophanthus from its promptness in action, a fair effect being obtained in fifteen minutes after its administration by the mouth. It, too, acts by stimulating the inhibitory nerves, but it produces little or no effect on the vaso-motor system; hence, corresponding arterial pressure and diuresis alike uncertain. Reflex action is for a time increased, then

fails, muscular contractility is diminished, and the spinal cord is depressed ; but it does not trouble digestion except when greatly pushed.

In grindelia we have a stimulant to the bronchial and other mucous membranes ; hence, it produces renal irritation by being excreted by the kidneys. It is said to stimulate the inhibitory nerves at the vagal centre in the medulla oblongata, and to raise arterial pressure by stimulating the vaso-motor centres in the cord, medulla, and cerebrum, as well as by direct action upon the vessel walls. It lessens irritability of accelerator nerves ; hence, slows all motor-power, and regulates cardiac contractions "greater than digitalis."

The effect of convallaria is not cumulative. Its cardiac stimulant power is no doubt due to the glucoside convallamarin, which is also emetic in its action, and its purgative effect is due to the action of convallarin. It is a gastric irritant, and has been known to have produced salivation after stimulating. It depresses the inhibitory nerves, acts as a direct stimulant to the heart-muscle and elevates blood pressure.

Belladonna quickens the action of the heart by paralyzing the peripheral vagi, and increases arterial pressure by stimulating the vaso-motor system. It heightens bodily temperature by causing an increased heat production and dissipation. It increases peristalsis by paralyzing inhibitory nerves and influencing non-striated muscles. It stimulates the spinal cord ; has but little influence upon afferent nerves, stimulates the respiratory centres, and is sedative to peripheral nerves by direct application. It produces dryness of the throat, frontal headache, slight delirium, sometimes an eruption, and is eliminated by the kidneys. Its toxic effect is a direct depressing poison to the heart-muscle.

Caffeine acts directly upon the muscles and retards the heart-systole by lessening irritability. It, however, at first augments the irritability, which may be continued by repetition of small doses. It causes arterial pressure by

stimulating the vaso-motor system, and is eliminated by the kidneys. It causes increased mental activity and delirium when sufficiently pushed.

Chloride of barium is a new remedy, of whose physiological action little is yet known. It acts as promptly as digitalis, while it produces less tension of the arteries; and no renal troubles have yet been discovered as a consequence of its administration. It is almost tasteless.

Veratrine is an alkaloid prepared from the seeds of *asagraia officinalis*. It is locally irritant, but does not decidedly inflame; used with caution when skin is abraded. In small doses, one-fourth grain, it is cathartic; in larger doses, emetic. Like caffeine, it acts directly upon the heart-muscle. The pulse is at first quickened and strengthened, then becomes slower and weaker. It is quite applicable in functional diseases; though being eliminated by the kidneys, it may relieve effusions in the pericardium as a diuretic. It depresses the respiratory centre.

Nitro-glycerine acts through the vaso-motor system, and is to be used when there is a defect in the equilibrium of the vascular system, by which the blood is irregularly distributed, the cause of which is immaterial. It acts like blood-letting in local congestion of internal organs, and prevents an advance to extravasation. Atheroma is cause for caution in its administration. Its action is very rapid, being most satisfactory when given on the tongue, undiluted. When more generally understood, it is liable to be most popular in emergency cases.

Nitrite of amyl increases frequency, but not force, of the heart's action, through a depressing influence upon the inhibitory nerve. It causes great dilatation of the capillaries through paralysis by contact with vaso-motors on their internal walls, aided by influence upon the vaso-motor centres. It exerts powerful action upon the spinal centres, diminishing voluntary and reflex action. It first increases, then diminishes, bodily temperature. It is less used on account of inconvenience of carrying.

CORRESPONDENCE.

PREVENTION OF CRIME.

[The following is from an estimable old physician who graduated at a New England Medical college fifty years ago. He still has more of the fire of his youth than he gives himself credit for. The plan he proposes savors of the more vigorous and effectual way of meting out justice which characterized the earlier history of our country, and a certain infusion of which would prove a wholesome alterative to our degenerate day of quibbling lawyers and sentimental juries.—Eds.]

RICHFIELD, June 13, 1889.

Editors GAZETTE :—Inclosed you have the paper we were talking about the other day. If you are willing to use it you may add to or take from it anything you choose, but please don't weaken it. In fact, I think you had better make it stronger, by adding something about recent Cleveland enormities. I don't put my name to it simply because I have no reputation as a writer that would help the case, and, besides, it might look offensively egotistic in one never very celebrated in the profession and now too old and infirm for effective work of any sort.

In view of the terrible reports that reach us every day through the newspapers, would it not be well to seek out new modes of preventing crime; especially cannot something be done to prevent those committed under an excited state of the sexual organs? There are loathsome reprobates prowling in darkness about every city, and even in secluded country places, assaulting school-girls, servant-girls and even infant females. The fear of detection induces these monsters, in many cases, to murder their victims, and thus all knowledge of their infamous deeds is blotted out forever. Here comes in the oft-quoted question: "What are you going to do about it?" for evidently something must be done, and to catch, now and then, one of the brutes, take him into court furnished with astute legal advisers who will get him free under the crazy dodge, is, or should be, about "played out."

The surest way to overcome this dreadful evil is to castrate every reprobate that even attempts to ravish a child, whether he succeeds in injuring her or not. As for older females there might be some discretion allowed the court, but the safest way is to castrate every imp of darkness who is proved to have a taste for such crimes as are here alluded to. If the criminal has committed murder to shield himself from detection, of course he should be hanged, but he should be castrated first, for fear he may get away and curse the earth with his presence in some other or similar crime. A legal friend informed the writer hereof that there is a constitutional prohibition of "cruel and unusual punishments." Very well, then, we will not call our operation a punishment at all, but only a preventive. There is no constitutional objection to our preventing crime to be found in any law-book that can be found in these parts.

But, any way, the remedy here suggested is not a thousandth part as cruel as the crime against which it is proposed, and if resorted to as often as it should be it will very soon cease to be "unusual" at all. And, besides, the simple knowledge that the operation *may* be performed will deter vast numbers from needing it, as it would improve their intellects and purify their thoughts amazingly. Let me superadd to the above the fact, well known to the medical profession, that there are in our infirmaries and lunatic asylums an indefinite number of epileptics and crazy people who have been brought to their present deplorable condition by masturbation. For this class castration is almost the only hope; and yet I am told there is no law on our statute-books permitting it. Clearly this ought not to be the case, and I vote that a committee of wise old doctors and lawyers be put to work on the subject, and place the matter before our legislature in such a shape that it cannot be longer evaded or avoided.

By way of after-thought or postscript I may say, that if the subject were wholly left to me, I would carry out the plan suggested above, on all criminals who have been convicted of infamous crimes a sufficient number of times to establish the fact that they are chronic malefactors. I would do this to prevent their begetting another generation like themselves, as they are quite likely to do if left to themselves.

RICHFIELD.

DR. HALL'S CLOSING DISCUSSION ON TEN
CONSECUTIVE CASES OF LAPAROTOMY, ETC.*Editors MEDICAL GAZETTE:*

From some cause unknown to me my remarks in closing the discussion of my paper read at the State Society and published in the last number of the CLEVELAND MEDICAL GAZETTE did not appear as part of the discussion, which is not just to me, and I ask the privilege to reply to the discussion of my paper published at that time.

Dr. Vance said my report "included too many instances of pelvic peritonitis—it matters not from what cause produced—in proportion to pelvic cellulitis, to be a reflex of practical every-day work." The gentleman still clings to the old idea that all the inflammatory attacks in the pelvis are originally "pelvic cellulitis, and the inflammation extends to and involves the pelvic peritoneum, ovaries and tubes afterwards," which is an error, as is being proven daily in the operating room.

I believe that pelvic cellulitis that is not preceded by tubal disease is one of the rare diseases of women. In fact, these cases commence as salpingitis, and there is ample proof that the exciting cause of the salpingitis, in a very large per cent. of cases, is due to infection. Owing to the unfavorable condition always present for the healing of the inflammatory process, acute exacerbations occur from trivial causes; the repeated attacks finally cause complete closure of the ends of the tubes. In consequence of the closure of the tubes, the normal secretions of the tubes soon become pathological and, by the repeated attacks of inflammation, are changed into pus, producing the typical pyosalpinx. When he talks of cellulitis extending to the tubes and ovaries, causing abscess therein, he simply reverses the actual order of the pathological process. The local conditions and symptoms which he prefers to call cellulitis are really salpingitis, in some of its forms, in a very great majority of cases. And in not a few cases that had been diagnosed and treated for months for cellulitis, it has been found, at the operation for the removal of the diseased structures, that the tubes, ovaries, broad ligaments and intestines are soldered into one single mass, and the tube contained pus. The pain in these cases is due to two causes—pus and the adhesions; and if we expect to relieve our patient we must remove the cause of the pain. The gentleman speaks of a woman

having a "pyosalpinx, pelvic peritonitis, and ovaries buried in adhesions, with abscess in the broad ligament, where he would open and drain the abscess through the natural passage—the vagina;" and says, "the woman may become a mother afterwards."

It is an impossibility for a woman to become pregnant that has a double pyosalpinx, on account of the following conditions: (1) Occlusion of the distal ends of the tube from adhesions of the fimbriæ. (2) Obstructions of the uterine-orifice of the tube from changes in the lining epithelium. This condition prevents the pus from escaping from the tube; also the migration of either sperm or germ. Again, the presence in the tubes of the products of suppuration—a condition incompatible with the vitality of sperm or germ. Therefore his argument against the operation, because it destroys the generative function, falls to the ground. Of course, if we had a collection of pus in the pelvic cellular tissue, we would drain *without* opening the abdomen. But his mode of treating pelvic abscess by *first opening the abdomen*, and then *draining* through the *vagina* and scraping out the abscess sac, I cannot endorse. In all the cases reported, I operated for the relief of pain; to let out pus—*nasty*, dirty, irritating *pus*—and the only rational way to operate in all such cases is by abdominal section and remove the offending tube—the pus sac.

Very respectfully,

RUFUS B. HALL.

The Cleveland Medical Gazette.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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EDITED BY A. R. BAKER, M.D., AND S. W. KELLEY, M.D.

EDITORIAL.

AN ELEMENT OF UNCERTAINTY.

No one, who has watched the medical testimony with regard to the new remedies of the coal tar group which have been introduced to the profession within the last five years, can have failed to be struck with the remarkable discrepancies in that testimony. We are loth to believe that the physicians who have given this testimony are incompetent observers, because the reputation of the most of them is decidedly to the contrary. We are, therefore, forced to the conclusion that the discrepancies lie in the action of the drugs, and not in the observations of the physicians who use them. What seems to us the real element of uncertainty in the action of drugs of this class is pointed out in an editorial article on "Salol in the Intestinal Disorders of Children," in the *Times and Register*, September 28, 1889. "Salol or salicylate of phenol," it goes on to say, "administered by the mouth is not

changed until it reaches the small intestine ; here the pancreatic juice splits it into salicylic acid and sulpho-phenol. Hence, as Lombard justly says, the action of the drug will not depend so much upon the dose as upon the quantity of the pancreatic juice, as is proved by the inert character of salol in the canal when the pancreatic duct is tied." With the editor of the *Times and Register*, we don't believe it is safe to bank on such an unknown quality as the amount of pancreatic juice in a case of serious intestinal disorder, and we further raise the question, "May not the varying composition of the contents of the stomach and intestinal canal account for the seemingly contradictory action of drugs, like sulfonal; antipyrin, acetanilid, phenacetin, etc., drugs of complex molecular construction, and capable of being split up into nobody knows how many different substances, possessing nobody knows what physiological action?" We have seen alarming depression result from antipyrin, in doses of 1 grain per hour, after six grains had been taken. We have had a like result from a two and a half grain dose of acetanilid, and this in subjects where these remedies seemed to be indicated to control distressing neuralgias. The death reported last August by Dr. Pettitt of Dayton, Ohio, from a thirty grain dose of sulfonal, is another case in point. When we give morphia, strychnia, hyscymia, etc., we know that they are excreted as morphia, strychnia, etc. When we give antipyrin, salol, sulfonal, etc., we have not that positive knowledge, for, while under certain conditions, they may be excreted unchanged, we do not know into what toxic compounds their complex molecules may be split up in pathological conditions of the intestinal secretions. In the former case, we need only guard against a possible idiosyncrasy of the patient. In the latter, we must bear in mind the added uncertainty as to what change the character of the contents of the stomach and intestines may effect in the composition of the drug itself.

OPTICIAN VS. OCULIST.

We have taken occasion several times to call attention to the evils resulting from the methods pursued by local opticians in prescribing spectacles for patients, and in endeavoring to usurp completely the legitimate work of the oculist. But for pure, unadulterated impudence the following notes, published in a recent number of the *Philadelphia Medical News*, double discount any effort of local opticians. It is said that many Philadelphia ladies received similar invitations :

“DEAR MADAM :—We should be glad to have you consult us in reference to your eyes. We have been fitting glasses for over thirty years, and, after careful study of the subject, have adopted a new method of examination which is wonderfully effective.

“One visit to our store is all that is required, consequently both a great amount of time and expense is saved.

“The glasses we furnish cannot fail to give a great deal of comfort. Yours truly,

“QUEEN & Co.

“Opticians, Scientific and Artistic Spectacle and Eyeglass Makers.”

“DEAR MADAM:—Do you have trouble with your eyes, or do any of your family? If such is the case, would it not be well to call upon us, and we can quickly determine what the difficulty is, and furnish you with glasses if you need them? We do not frighten you by telling you how serious the difficulty is, nor how much time will be required to correct it, but go sensibly and practically to fitting you with as little expenditure of time and money as possible.

“ Hoping to receive a call from you, we are,

“ Yours truly,

“QUEEN & Co.

“Opticians, Scientific and Artistic Spectacle and Eyeglass Makers.”

AMONG OUR EXCHANGES.

Chronic Synovitis, especially of the knee, is treated by DR. W. H. RICHARDSON of Boston, Massachusetts (Med. Press and Circular), by antiseptic irrigation. The accumulated fluid is aspirated by inserting a needle at the outer side of the joint, opposite the upper edge of the patella; from three to five ounces of a five per cent. solution of carbolic acid are injected into the joint; the antiseptic fluid is brought into contact with all parts of the joint by thorough massage, and is then withdrawn through the needle. The joint is then put up in a fixed dressing.

The observations of LUSK, SPIEGELBURG and others are confirmed by DR. GEO. H. NOBLE of Atlanta, Georgia (Med. Rec., September 14, 1889), who finds the glycerine tampon the best means of relieving *uterine engorgement and displacements complicating pregnancy*.

Salicylate of soda, so DR. LEONARD WEBER maintains (Med. Rec., August 31, 1889), is better borne by the stomach when mixed with an equal bulk of bicarbonate of soda, and it loses none of its efficacy by the combination.

DR. C. W. RICHARDSON of Washington, D. C., reports (Jour. Am. Med. Association, September 7, 1889) a case of excessive erotic excitement in a female patient aged 25, produced by the subcutaneous administration of a few minims of a ten per cent. solution of *cocaine*, and suggests caution in the administration of the drug to women when there are not third parties present.

Total paralysis of the uterus following curetting the organ is, according to DRS. DOLERIS and GEIJL, one of the dangers attending that comparatively common operation. The latter observer records five cases. When this accident

occurs, the curette seems suddenly to go through into space, as though it had perforated the uterine wall. To the finger introduced into the uterus the organ feels like a distended sack (British Med. Journal).

Sodium ethylate rubbed over the affected spot till the skin is of an orange color, has been found by DR. ARTHUR JAMISON (Practitioner, July) to be an efficient treatment for *hypertrichosis*. It is less tedious than electrolysis and no more painful, while it is applicable to far more extensive surfaces.

The difficulty of feeding in cases of *intubation of the larynx*, owing to the passage of food particles and liquid into the tube, is met by DR. W. E. CASSELBERRY of Chicago, Illinois (Journal Am. Med. Association, August 24, 1889), by causing the patient to be laid on an inclined plane, head downwards, and suck in liquid food or drink through a tube. As the patient in this position swallows upwards, there is no tendency for the liquids to run the "wrong way."

Cocillana is a new drug, the bark of a tree of the genus *Guarea*, of the family *Meliaceæ*, and is said to be analogous to *ipecacuanha* in its therapeutic properties. It was brought from Eastern Bolivia by Dr. H. H. RUSBY. When exhibited internally, it is excreted chiefly through the mucous membrane, and more actively through the upper portions. After a year's trial, DR. DAVID D. STEWART of Philadelphia, Pennsylvania (Med. News, August 24, 1889), concludes that it is superior to *ipecac* in certain diseases of the air passages, especially in cases of *chronic bronchitis* and *broncho-pneumonia*, the symptoms, which were most distinctly influenced for the better, being cough, expectoration, night-sweats, anorexia and constipation. The preparation used by him was a concentrated tincture, of which he gave half-teaspoonful doses every three hours. The dose of the fluid extract is about seven and a half minims.

To make a solution 1 to 1,000 prescribe $7\frac{1}{2}$ grains to the pint of water. To make a 1 per cent. solution, prescribe $4\frac{1}{2}$ grains per fluid ounce of water. (Am. Pract. and News,)

DR. WILLIAM R. LOWMAN of Orangeburg, South Carolina, maintains that the galvanic current is an efficient means of aborting *gonorrhœa* and curing the resulting *gleet*. He reports ten cases (Med. Summary, August, 1889). He concludes "That in the incipient stage, immediately after experiencing the *ardor urinae*, or while the discharge is mucous before it becomes thick, a few cells for a short time will completely abort the disease; that in the inflammatory stage, when the discharge has become creamy, the electricity will aggravate the inflammation; that after it has become chronic (third or fourth week), the current acts as well as it does in the incipient stage." He uses from seven to ten Stöhrer cells from five to ten minutes daily. In addition, he directs an injection of a half a fluid ounce each of Listerine, tr. opii, fld. ext. ergotæ, and a fluid ounce of fld. ext. hamamelis, to four fluid ounces of camphor water; a syringe full three times a day.

For *chronic diarrhœa* a writer in the Medical News recommends:

Powdered chocolate, pure.

Rice flour.

Powdered sugar, aa $\bar{3}$ viii.

Tannin, $\bar{3}$ ii.—m.

Of this mixture, a heaping tablespoonful is to be thoroughly cooked for half an hour in a cup of milk, and to be taken morning and evening at meals. It is an efficient substitute for racahout, which has such a reputation in France, and the active ingredient of which is acorn flour.

Sweating feet, according to the experience of the Prussian army surgeons, is best cured by the application of a five to ten per cent. solution of chromic acid (Med. Stand., August, 1889). The feet are first washed and

dried thoroughly, and the application made with a camel's-hair pencil. Treatment may be repeated in from eight to fourteen days. Two to three applications usually effect a cure.

Ten minims of fluid extract of gelsemium taken at bed-time will, according to the Southern Medical Record, effectually abort a *cold in the head*, when administered in the acute congestive stage.

MR. JAMES KENNEDY calls attention to the incompatibility between organic acids and the compounds of inorganic acids with organic bases. He finds (Pharmaceutical Era, August, 1889) that free organic acids are capable, under favorable circumstances, of replacing inorganic acids combined with an organic base; that free inorganic acids are capable of replacing organic acids united to an inorganic base. Thus, for example, the sulphate of quinine, when mixed with salicylic acid becomes the salicylate of quinine, liberating free sulphuric acid, thus furnishing an exception to the ordinary rule, that the stronger acid displaces the weaker.

A very small quantity of calamus, according to DR. JOHN I. BRINKERHOFF (N. Y. Med. Journal, July 6), is an efficient remedy for *hiccough*.

DR. ROSA H. ENGERT of Chicago, Ill., maintains (North Am. Practitioner, September, '89) that uterine fibromata may result from the organization of blood clots retained in the uterine cavity after parturition.

Five grains of common salt in an ounce of chloroform water, taken three times a day, proved an efficient remedy in the hands of DR. GREEN (Med. Press) in two cases of obstinate *vomiting of pregnancy*.

Half a dram of carbonate of ammonia in a wine-glass of water is said (Med. Review) to be a prompt emetic and sobering restorative in cases of *alcoholic intoxication*.

An efficient means of detecting the morphine "habit" is by adding a few drops of tincture of perchloride of iron to the patient's urine. A characteristic blue tinge results if he is a morphine user (N. Y. Med. Times, August, '89).

Dr. H. N. MOYER, Chicago, Ill., maintains (Med. Standard, September, '89) that "pilocarpine is indicated in *œdema of the lungs* when not complicated by heart lesion or threatened or present coma." He gives by the mouth 1-10 grain every hour till free diaphoresis is produced.

The list of muscular incordinations known as writer's cramp, telegrapher's cramp, milk-maid's cramp, cigar-maker's cramp, etc., has been augmented by certain cases of *gum-chewer's cramp* occurring among certain too enthusiastic devotees of that pastime.

Hyoscine hydrobromate in doses of from 1-20 to 1-15 of a grain given hypodermatically is regarded by DR. E. B. POTTER, physician to the Monroe County Insane Asylum, Rochester, New York (Buffalo Med. and Surg. Journal, September, '89), as the most reliable and best hypnotic for *sleeplessness* of mania, melancholia, alcoholism with hallucinations of sight, etc. It neither constipates the bowels, disturbs the appetite, nor diminishes the flow of urine; on the contrary, the latter appears to be increased. There seems, moreover, to be no disposition to form a habit, maniacal and sleepless patients improving in a few days so that they can sleep without an anodyne. He has given 1-15 gr. and repeated the dose in two hours, with no unpleasant consequences.

According to DR. DELANCY ROCHESTER (Buffalo Med. and Surg. Jour., September, '89) the following is a very palatable preparation of castor-oil.

R. Ol. Ricini	℥ii.
Ol. Menth. pip.	mv.
Sodii carb. exsicc.	gr. x.
Aquæ puræ	℥i.—m.

This makes a thin emulsion containing two-thirds castor-oil, and is readily taken by most children.

According to the 'Annual of the Medical Sciences,' Vol. IV., 1889, Dr. Illiń of Warsaw, Russia, has employed Dr. Corlett's treatment of bromide of arsenic in obstinate cases of psoriasis, with brilliant results. The following is the formula :

R. Arsen. bromidi,	gramme	0.065
Syrupi simplicis,	grammes	52.0
Aquæ,	grammes	248.8—m.

Sig. A teaspoonful to be taken two or three times a day after meals (New York Medical Record, April 15, 1885. London Standard, June, 1886).

DR. BEACH of the Massachusetts General Hospital (Boston Med. and Surg. Journal, August 9, 1889) has unearthed the treatment of *granulating surfaces* by the application of balsam of copaiba, which was somewhat in vogue a century and a third ago. He tried it and was so encouraged by the unusually rapid growth of rosy granulations following its use, that he has adopted it as his regular treatment of granulating surfaces. He finds it specially adapted to the flat, pale, granulating surfaces resulting from extensive scalds, burns, avulsions of the scalp, etc., and the cavities left after the removal of carious bone. He applies the balsam upon cotton-waste.

• DR. SEXTON of New York asserts that the only radical and permanent cure of *chronic attic suppuration* is complete excision of the membrum tympani and ossicles (Trans. Am. Otol. Soc., 1888). He holds that the operation is free from risk ; that no permanent ill effect results from the necessary section of the chorda tympani, and that, in many cases, hearing is actually improved after the operation.

For *chronic constipation* DR. J. H. ETHERIDGE, Chicago, Illinois, recommends a daily flushing of the colon with from one to six pints of hot water, the patient occupying

the genu-pectoral position. Besides clearing the colon, the water also acts as a vigorous diuretic in most patients. The water must be hot ; cold or tepid water produce excruciating tormina (Medical Standard, September, 1889).

A crude tincture of the flowers of the common sunflower (*Helianthus annuus*), made by filling a flask with the dry or fresh flowers and stem finely cut, covering them with *vodka* (aqua vitæ), and leaving the tightly corked flask in the sunshine or in a warm place two or three days, is used for malarial fever by the Russian, Persian and Turkish peasantry. The dose is a wine-glass full three times a day. Competent Russian physicians assert that it is an excellent substitute for quinine ; that in recent cases cure results in from one to three days, and in obstinate cases in a week (St. Louis Med. and Surg. Journal, September, 1889).

DR. W. A. SCOTT of Pleasantville, Iowa, has for the past twenty-two years treated *diphtheria* by mopping the membrane lightly every three hours with a solution of permanganate of potassa, ten grains to the ounce. He uses a mop of cotton cloth or absorbent cotton. The solution is nauseous, but its application gives no pain. He says, " If you can touch the diphtheritic membrane you can cure it " (Med. Standard, September, 1889).

In reading statistics of so many operations, so many deaths, etc., the reader should always bear in mind the "possible limit of error" (Jour. Am. Med. Association, August 31, 1889), which, according to Poisson's formula, is $2\sqrt{\frac{2p(q-p)}{q^3}}$, q representing the total number of observed cases, and p the particular class ; thus, if in 100 cases there be 10 deaths, the error margin is $2\sqrt{\frac{20(100-10)}{100^3}}=8.48$, so that the next hundred cases may show a mortality of 18.48 per cent., or may fall as low as 1.5 per cent. Following this line of reasoning out, 10,000 cases must be reached before the limit of error falls to less than 1 per cent.

In an article on the hypnotic effect of paraldehyde, DR. JAMES G. KERNAN, Chicago, Illinois (Med. Standard, September, 1889), concludes that it is inferior to either chloral or sulfonal, and he has abandoned its use on account of the marked impairment of digestion it produces. He finds also that a scarlatinaform eruption, attended by itching and desquamation, often follows its use, and that its brief use frequently results in conjunctivitis, and intractable ulcers about the nails, such as result from the prolonged use of chloral.

GENERAL ACTION OF TOBACCO ON THE ORGANISM.

Under this title appeared, in the *Bulletin Medical* (May 22 and 26), two lectures by Dr. Huchard, delivered at the Hospital Bichat (Paris).

The pathological history of tobacco is briefly referred to. The poisonous action of tobacco is not entirely due to nicotine, of which, according to Drysdale, there are 30 grains in 4,500 grms. of tobacco smoke. There are other alkaloids not well studied, also certain chemical poisonous compounds, such as carbonic oxide, prussic acid, ammoniacal salts, etc. His attention is mainly directed to the action of tobacco (1), on the nervous system and pneumogastric nerve, and (2), on the vessels and muscular tissues; although many authors ascribe the effects of tobacco abuse entirely to its action on the nervous system, and to this action the acceleration and slowing of the pulse, cardiac intermittency, arrhythmia, lipothymia and syncope, feeling of pang and precordial anxiety, tumultuous beating, sudden and anguishing stoppings of the heart, extreme irritability of the circulatory functions and the state to which the author proposes the name of *irritable heart of smokers*. But really, much of that is due to a still more important action of tobacco on the muscular system and vascular walls. Tobacco is not only a cardiac poison, but also an arterial poison. It causes not only tetanic convulsions of muscles (voluntary), but its convulsive effects are exerted to the highest point on the muscle fibres of the vessels.

The vaso-constricting action of tobacco, as Cl. Bernard has shown, mainly affects the arteries of small calibre, richer in muscle fibres than the larger, more elastic vessels. This necessarily leads to increase of arterial tension, and to which is due the diastolic resounding (*retentissement*) of the aorta. In some of the cases which terminated fatally, a *very pronounced anæmia* of the nervous centres and meninges was revealed by the autopsy.

The angina pectoris of tobacco origin is of two or three varieties :

(1), Functional angina pectoris, due to *spasm* of the coronary arteries (angine spasmo-tobagique) ; (2), organic angina pectoris, from sclerosis of coronaries (angine sclero-tobagique), provoked by tobacco abuse, and (3), angina secondary to gastric disorders, set up by tobacco (angine gastro-tobagique). The symptoms that characterize these varieties of angina :

(1), Disturbances of the vaso-motor apparatus, extreme pallor of face, slowing of pulse, syncopal tendencies, coldness of the extremities, etc. (2), Other phenomena of nicotine poisoning, vertigo, cephalalgia, nicotinic asthma, visual disturbances, etc. These accidents are, however, also observed without the anginous attacks. (3), The cardiac troubles are always present with and without the anginous attacks. These are : Slowing and enfeeblement of the heart's beats, tachycardia and bradycardia, intermittencies, lipothymia or syncopal tendencies, etc. (4), The attacks of angina are frequently very hard and complete in intensity of the pains and in their radiations. But the *debauche* and the *false* forms, consisting of dyspnœa and light precordial anguish, substernal uneasiness, with a sensation of arrest of the heart and threatening approach of death, are especially met with. (5), *Spontaneous* attacks of angina are frequent, although may also be provoked by walking and effort, and simulate the characters of true angina pectoris. (6), Functional angina from spasmodic contraction of coronaries

and which disappear after suppressing the use of tobacco. (7), The organic form of angina (from arterio-sclerosis of coronaries) caused by tobacco is a true angina pectoris ; and lastly (8), the angina set up by gastric disturbances, (flatulence, gastric dilatation) caused by tobacco.

Tobacco does not affect all persons alike, but some seem to be predisposed to its poisonous effects. Adynamia of convalescents, insufficient nutrition, alcoholism, especially complicated with gastric troubles, intellectual and moral fatigue, abnormal excitation of the circulatory apparatus in anæmic, lymphatic and obese affections of the heart.

As to prognosis, death from tobacco poisoning is recorded and all the organs have been found post-mortem in their integrity, no lesion demonstrable. Deaths have been reported caused by sleeping in rooms filled with tobacco fumes, from general intoxication. But death is only *sometimes* determined by arterio-sclerosis of the coronaries originated through tobacco, *very rarely* when due to spasm of coronaries, *never* or *almost never* when secondary to gastric disorders due to tobacco. The differential diagnosis of true angina pectoris from tobacco angina is tabulated thus :

True angina pectoris. (Sclerosis of coronaries.) <i>Anatomical causes:</i> Aortitis, sclerosis and stenosis of coronaries. <i>Symptoms:</i> Attacks of angor isolated from all other accidents.	Spasmodic tobacco angina. (Spasm of coronaries.) <i>Anatomical causes:</i> Spasmodic state of coronaries. <i>Symptoms:</i> Attacks of angor associated with diverse accidents from tobacco intoxication: vertigo, gastric, respiratory troubles, etc.
Anginous attacks with absence of cardiac troubles.	Attacks of angina often accompanied by functional disturbances of the heart, slowing of beats, intermittences, arhythmix, palpitations, etc.
Attacks of short duration. Attacks more often provoked, rely spontaneous.	Attacks often longer. Spontaneous attacks the most frequent, rarely provoked.
<i>Prognosis:</i> Slow disappearance of the attacks by treatment.	<i>Prognosis:</i> Rapid disappearance of the attacks by suppressing the cause (tobacco). Death very rare.

Treatment. If arterio sclerosis is developed, treat like true angina pectoris. In spasmodic angina the *complete*

and *definitive* suppression of the cause, tobacco, which must be imposed in all cases of angina, will suffice to cure. For the gastric troubles, suppress tobacco and correct the indigestion. During attacks nitrite of amyl and nitro-glycerin only are mentioned. A. P.

NEW BOOKS.

'ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.' A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. 5 Vols. Illustrated with Chromo-Lithographs, Engravings and Maps. F. A. Davis, Publisher, Philadelphia, New York and London.

This is the second year of this publication, and to those acquainted with last year's issue it will be sufficient praise to say that the second year is better than the first. It was asserted that it was incomplete, work of merit having escaped the numerous arms of the editorial poulp; also that the proof-reading was faulty and the indexing and arrangement for reference was not as convenient as might be. But the truth was, the work was best appreciated by those who, having had some experience in selecting, condensing, arranging and publishing, could estimate the vastness of the labor performed; and congratulated the editors, the publishers and the profession that it was so wonderfully well done. This year many features have been improved. We predict for it extended favor among physicians. They can find nothing more convenient or useful in the way of a year-book. With the 'Annual' at hand, it takes but little time or trouble to post up on the year's progress in any branch.

'PHTHISIOLOGY, HISTORICAL AND GEOGRAPHICAL, WITH SPECIAL REFERENCE TO THE DISTRIBUTION OF CONSUMPTION IN THE UNITED STATES.' Compiled and Arranged by George A. Evans, M.D., Member of the Medical Society of the County of Kings, New York; Member American Medical Association, etc., etc. New York: D. Appleton & Co.

'AMERICAN RESORTS, WITH NOTES UPON THEIR CLIMATES.' By Bushrod W. James, A.M., M.D., with Translation from the German by Mr. S. Kaufmann of those chapters of "Die Klimate der Erde" written by Dr. Woeikof of St. Petersburg, Russia, that relate to North and South America and the Islands and Oceans contiguous thereto. F. A. Davis, Philadelphia and London.

'THE PREFERABLE CLIMATE FOR PHTHISIS ; OR, THE COMPARATIVE IMPORTANCE OF DIFFERENT CLIMATIC ATTRIBUTES IN THE ARREST OF CHRONIC PULMONARY DISEASES.' By Charles Denison, A.M., M.D., Professor of Diseases of Chest and Climatology, Medical Department University of Denver, Colorado. Pamphlet, 15 pages, with Map. Reprint Transactions Ninth International Medical Congress.

'THE STORY OF MANITOU.' Copyrighted. By S. K. Hooper, General Passenger Agent Denver & Rio Grande Railway, Denver, Colorado.

We have chosen to group these publications for the purpose of making a general note upon this literature of medical climatology, after a brief reference to each of the books.

The first is a book of 295 pages, which, though treating specially upon consumption and its distribution, necessarily enters the domain of climatology and is intended to be "available for convenient reference in selecting localities of resort or residence for invalids." It is, as it claims to be, for the most part, a compilation, and contains much valuable and reliable matter.

The second is a more pretentious work of 285 pages, which, while it is perhaps as good as any of its kind, leaves much to be desired. It is ostensibly written for "invalids and those who desire to preserve health in a suitable climate," but we judge will oftener be referred to or by the invalid's medical adviser, and be found lacking in scientific character.

The next is a reprint of 15 pages, and is a well constructed article, in which the author maintains that the preferable climate for phthisis is, in most cases, the "dry, cool, rarefied, sunny, clear and pure, though variable, atmosphere of a well-chosen high altitude."

The fourth is a very readable and nicely illustrated paper-covered book of 64 pages, and, though published for advertising purposes, its contents are of interest to the general reader, and may be of value to the health-seeking tourist.

This little group of publications reminds us of an observation we have made before: that there is room for a really first-class work upon American climates, mineral springs and health resorts. Every publication which has

yet come to our notice has been unsatisfactory in its scientific character, or unfair in its representations of various places, or was evidently issued in the interests of some transportation company, tourists' agent, hotel management or something of the kind. We feel certain that, within the wide boundaries of our country, there are climates and mineral waters and beauty of scenery equal to any of the noted resorts of Europe. Patronage would soon cause the artificial advantages (or disadvantages) to be added. Now, we would like to see a careful, thorough and reliable investigation into our country's natural sanitary resources, made with scientific accuracy and unbiased by proprietary interests, put into a shape that our physicians could acquire a working knowledge of them and be able to advise American waters and American resorts to their patients, and not be importing foreign waters nor exporting home-made patients at great expense to them and to this country. We could just as well have thousands of wealthy health-seekers coming here from abroad, instead of sending ours away.

PAMPHLETS.

[In most cases, anyone desiring a copy of any pamphlet noticed under this head will doubtless secure it by addressing the author—not forgetting to enclose a postage stamp and a mention of the GAZETTE.]

1. 'FIRST LESSONS IN PRACTICAL HISTOLOGY.' By Chr. Sihler, M.D., Ph.D., Instructor in Histology, Medical Department Western Reserve University, Cleveland, Ohio.

2. 'THE PHYSICIAN'S MANUAL OF NATIONAL FORMULARY.' A. Mayell & Co., Cleveland, Ohio.

3. 'REPORTS UPON COMPLAINTS CONCERNING THE CENTRAL HIGH SCHOOL BUILDING.' By G. C. Ashmun, M.D., Health Officer, Cleveland, Ohio.

4. 'PROCEEDINGS OF THE QUARANTINE CONFERENCE HELD IN MONTGOMERY, ALABAMA, MARCH 5, 6 AND 7, 1889.'

5. 'ON THE EVOLUTION OF LIFE AND ITS POSSESSION BY MAN.' By Alvin Eyer, M.D., Cleveland, Ohio.

6. 'FEES IN HOSPITALS.' By Henry R. Biglow, M.D., Boston, Massachusetts.

7. 'ANKLE INJURY.' By J. T. Woods, M.D., Toledo, Ohio.

1. Dr. Sihler has prepared this pamphlet of thirty-six pages for the use of students of histology in the Medical Department of Western Reserve University. He gives just such practical information as students first beginning to use the microscope need, and we have no doubt but that it will be of great value to anyone first commencing the study of histology, whether he have the advantages of an instructor or undertakes to work by himself.

2. The injurious effects produced by self-prescription by the laity have long been recognized. The prescriptions of the various compounds herein enumerated would greatly lessen this pernicious practice, both to the general practitioner and the pharmacist.

3. We have already alluded to this report in our editorial upon the "Smead System of Dry Closets in the Central High School Building." So far as we are aware, no steps have been taken to secure better ventilation in this building; and we presume, as cold weather comes on and the windows are closed, the usual complaints of headache, loss of appetite, etc., will be repeated.

4. This report of 144 pages contains much valuable matter on this subject.

5. The author attempts to prove that the Creator was not always the same all-wise, all-powerful Being that he is to-day; but that, with the progress of things, he, also, must have grown to meet the requirements of his work, and so matured his wisdom and with it his individuality to govern a world—his universe.

6. Dr. Biglow strenuously objects to the growing tendency of physicians accepting fees from hospital patients. He believes that the medical officer is fully compensated for his services without receiving fees.

7. This is a good paper from the "Transactions of the Ohio State Medical Society for 1889," a portion of which was published in the June number of the *GAZETTE*.

NOTES AND COMMENTS.

Dr. Oliver Wendell Holmes celebrated his eightieth birthday August 29.

Dr. W. S. Welsh of Franklin, Pennsylvania, one of the oldest and most respected physicians of Venango county, recently died after an illness of several months.

The Illinois State Board of Health has in preparation a new official register of physicians and midwives. Wonder when the Ohio state board will attempt something of this kind?

Dr. B. L. Millikin has returned from a five months' journey abroad, in which he says he combined much pleasure with work, having visited Edinburgh, London, Berlin and Paris, meeting all the leading ophthalmologists and otologists in these cities.

Dr. G. W. Wagner of Johnstown, Pennsylvania.—It will be remembered by our readers that in the June number of the GAZETTE we stated that Dr. Wagner had lost his life in the flood. We are glad to learn that this statement was a mistake. The doctor escaped with his life, but lost his wife and three children, together with all his property.

The American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M.D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, secretary, 814 N. 16th street, Philadelphia, Pa.

Dr. Brown-Sequard is an American.—His father, Captain Edward Brown of the American navy, was a Philadelphian, and married a French woman on the Island Mauritius, named Sequard, and he and his descendants took the name of Brown-Sequard. The distinguished scientist, whose so-called Elixir of Youth recently made so great a sensation in newspaper circles, was the eldest child. He was educated in France, afterward professor at Harvard, and practiced medicine in New York for

some years. While practicing in New York, he started, in conjunction with Dr. E. C. Seguin, a medical journal entitled "Archives of Scientific and Practical Medicine." He was born in 1818, and is still said to have a wide practice in Paris, as consulting physician in diseases of the nervous system. He has been married twice; his first wife, Miss Fletcher of Boston, was a relative of Daniel Webster.

Uniformity in Reprints.—The *Pittsburgh Medical Review*, acting upon the hint of Dr. Charles Everett Warren in the *Boston Medical and Surgical Journal* and seconded by the *St. Louis Medical and Surgical Journal*, has taken up this important question from the practical stand-point in its September issue. It gives a table of column measurements of eighteen double column and twenty-three single column journals, and arrives at the conclusion, from their study, that two regular sizes should be adopted, to secure absolute uniformity of publication. We have experienced the difficulties that are complained of by the author and journals named, and have given considerable thought to a solution thereof. While we recognize the considerable cogency and force with which the editor of the *Review* states his argument, we are yet of the opinion that it would be better to adopt one standard instead of two for all reprint publications. This could easily be done by adopting the standard octavo as the size for all reprints. This, it is true, would leave wide margins in those of the double column journals, for they would print but one column on a page; but they look well so printed, and the wide margins are convenient for annotations. We have even seen the narrow columns of a newspaper so reprinted, and were impressed with the beauty of the work. Perhaps such magazines as the *University* and the *North American Practitioner* would be willing to reduce to the standard octavo, of which the *American Journal of the Medical Sciences* may be cited as a type, for the sake of bringing about this much-desired uniformity.—*Buffalo Medical and Surgical Journal*.

Dr. J. R. Smith met with quite a serious accident Friday, October 18. His horse ran away, throwing both himself and coachman from the carriage. The doctor sustained a fractured rib and a number of bruises, which are very painful, if not more serious.

Dr. S. W. Kelley is spending a few weeks in the hospitals in New York.

The Seventh Annual meeting of the Ohio State Sanitary association will be held in Dayton, November 21 and 22. Papers are promised by Drs. Snyder, Bishop, Eggleston, Hutt, Ashmun, Owens, Howard, McCurdy, Battles, Landis, Herrick, Buck, Sharp, Scott and others.

Past-Assistant-Surgeon S. T. Armstrong was relieved from duty at New York, September 17, 1889, and ordered to command of U. S. Marine service at Cleveland.

The Physician's Rights in Fixing a Fee.—Judge Brady of the New York City Supreme Court has decided, in an action by a surgeon for professional services, that the plaintiff has a right to show that his standing in the profession is high, as bearing upon the question of the measure of his compensation. The judge further said: "There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of the patient, his financial ability or condition. This is a benevolent practice which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed, there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained. Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reductions to be made on account of the circumstances of his patient; and, therefore, when the amount is in dispute it follows that it is to be determined by proofs, to be given on either side. The measure of compensation must be controlled, more or less, by ability in all the professions, and the service rendered by its responsibilities and success."—*Druggists' Circular*.

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